

IGCS 2025 CAPE TOWN

Annual Global Meeting, November 5–7, 2025

IGCS 2025 Abstracts:

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Poster presenters were given the option to submit an audio file with a short presentation together with their E-Posters. Submitted audio files will be available together with their E-Posters via the IGCS 360 Educational Portal.

EP001 / #515

Topic: AS01. Basic Sciences / AS01a. AI

EVALUATION OF THE AI-ASSISTED SYSTEM FOR LBC ANALYSIS: ENHANCING DIAGNOSTIC EFFICIENCY USING DIFFUSION NEURAL NETWORKS AND SYNTHETIC DATA GENERATION IN CERVICAL CANCER SCREENING

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Introduction: Cervical cancer mortality in Poland remains high, partly due to limited access to diagnostics and a shortage of trained personnel. To address this, we developed an AI-assisted system for scanning and analyzing liquid-based cytology (LBC) samples. The first module performs multilayer LBC slide scanning, while the second analyzes these scans and highlights regions potentially indicative of pathology. Final diagnosis is always confirmed by a human expert. Previously, the main limitation was the need for continuous retraining using new scans with confirmed abnormalities (e.g., HSIL). To address this, we integrated a diffusion neural network module capable of generating synthetic training data, enhancing system sustainability.

Methods: The system employs a U-NET-based convolutional neural network to identify suspicious regions, followed by a VGG-based model that classifies abnormalities according to the Bethesda System. A fuzzy K-Means clustering algorithm integrates patient history (e.g., addictions, diseases) with model outputs. The newly added diffusion neural network (also based on U-NET) generates synthetic training data from annotated pathological regions. These data are reviewed and validated by human diagnosticians before system training.

Results: A total of 700 LBC samples were analyzed, with cytological abnormalities detected in 98 cases (14%). The combined U-NET, VGG, and fuzzy K-Means approach achieved 93–97% concordance with standard diagnostics. The diffusion model generated synthetic data suitable for training in 73% of cases, as validated by diagnosticians.

Conclusion/Implications: Further optimization of the diffusion model is needed to improve the accuracy and usability of synthetic LBC scans for diagnostic training purposes.

EP002 / #474

Topic: AS01. Basic Sciences / AS01a. AI

ASSESSMENT OF PLAGIARISM IN AI-GENERATED RESPONSES TO GYNECOLOGIC ONCOLOGY-RELATED QUERIES

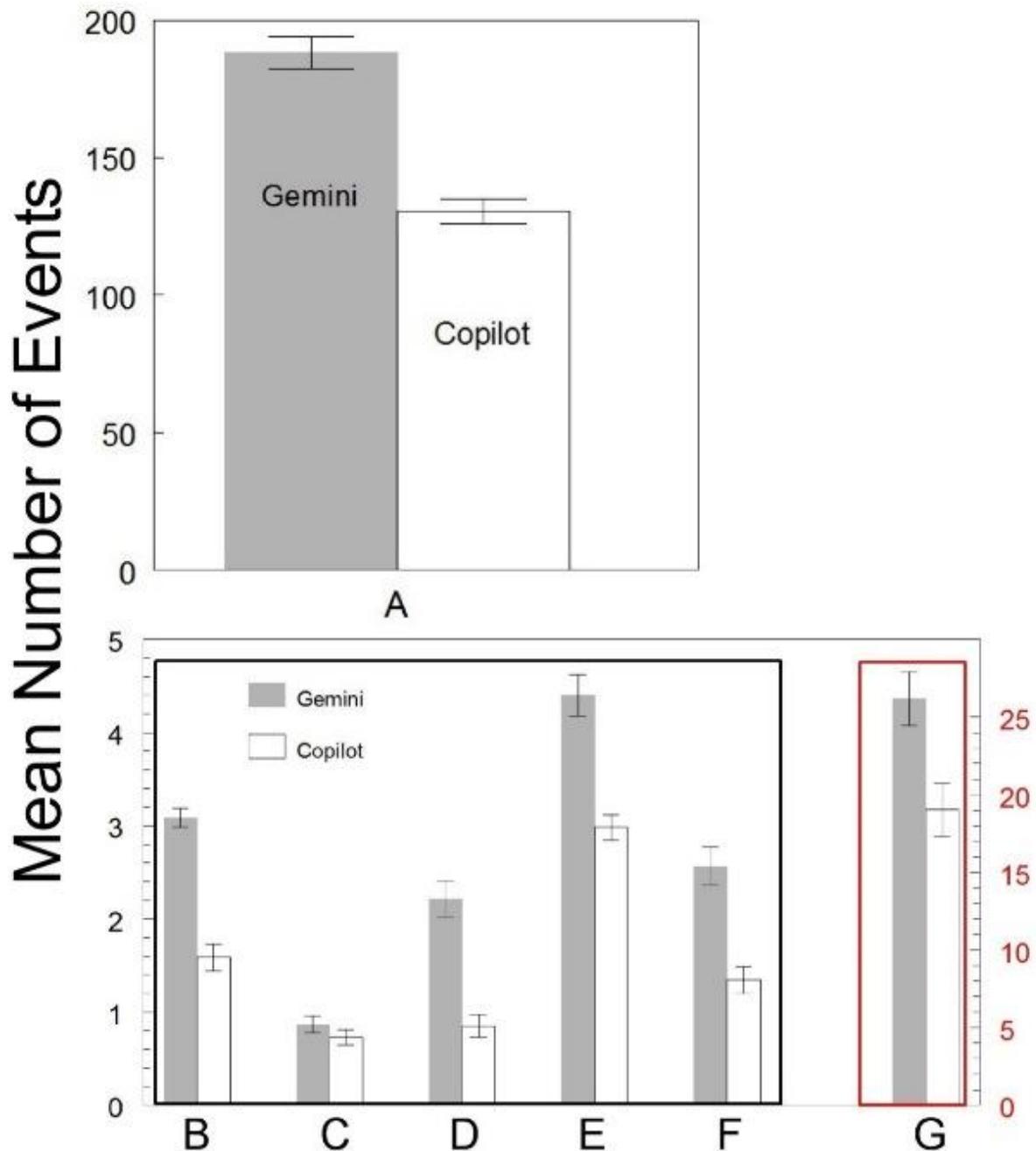
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Introduction: Artificial intelligence (AI) and its use in the medical field has presented an opportunity to access information using narrative commands. The present efforts evaluated the degree to which AI chatbot narratives infringe on prior language ownership and plagiarize sources. Plagiarism is defined by the Oxford dictionary as “presenting work or ideas from another source as your own, with or without consent of the original author,” and has historically elicited profound legal consequences. This study sought to identify the extent of plagiarism in results from two AI chatbots.

Methods: Twenty-four gynecologic oncology-related questions derived from published literature were utilized to generate 360 queries for examination by AI applications from Microsoft Copilot and Google Gemini. The degree of originality in the AI responses was evaluated with iThenticate, a plagiarism-detection tool.

Results: This approach identified plagiarism in results from both Gemini and Copilot AI models, with Gemini exhibiting a higher rate of plagiarism. Based on a score derived from the narrative inputted into iThenticate, average plagiarism percentages were 26.2% for Gemini and 19.0% for Copilot. Gemini also exhibited greater “high” plagiarism scores, defined as a plagiarism of 10% or more.



Conclusion/Implications: This evidence raises questions related to the authenticity and credibility of AI responses. This study establishes that the two narrative AIs failed to meet the expectations for original language and appropriate credit of sources. With the heralded attention that narrative AI continues to receive, efforts are needed to curb the extent to which unattributed material is included in AI narratives.

EP003 / #287

Topic: AS01. Basic Sciences / AS01b. Basic & Translational Science

PROFILING VULVAR DERMAL EXPOSURE TO PLASTIC-ASSOCIATED CHEMICALS AND IMPACTS OF IN VITRO TREATMENTS ON HUMAN KERATINOCYTES AND VULVAR CANCER CELLS

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Introduction: Several plastic-associated chemicals (PACs), such as phthalates and bisphenols, are known endocrine disruptors and potential carcinogens. Reports of human exposure via clothing are growing, prolonged dermal contact to underwear fabric may promote uptake at the vulva, where the skin barrier is incomplete. This study aims to measure PACs in women's underwear and on vulvar skin to estimate contribution to human health risk and to evaluate impacts on normal keratinocytes and vulvar cancer cells.

Methods: Extracts from 14 newly purchased underwear of different textiles and outer vulvar skin swabs collected from 19 consenting women were analysed by liquid and gas chromatography–mass spectrometry. Human neonatal primary keratinocytes (NHEK) and vulvar cancer cells (A431) were treated with di-(2-ethylhexyl) phthalate (DEHP) and bisphenol-A (BPA) (upto 100µM). Cell viability and mechanical dissociation assays were performed.

Results: In underwear, DEHP showed highest median concentrations; dimethyl phthalate and diethyl phthalate concentrations in dyed polyamide samples were respectively ~5 times and ~1.7 times those of cotton ones ($p < 0.01$). BPA, bisphenol-S (BPS), and bisphenol-F were detected with high frequencies. BPS was detected in 9/27 of vulvar skin swabs. BPA caused loss of viability in NHEKs and A431 at 100 µM, DEHP did not affect viability ($n=3$). DEHP decreased NHEK monolayer fragmentation under mechanical stress ($n=3$).

Conclusion/Implications: PACs were found in underwear and on vulvar skin. At sub-lethal levels, DEHP altered keratinocyte cell-cell adhesion. These findings have implications for vulvar dermal exposure and epithelial health. Gene and protein characterization of cell-cell junctions in PAC-treated NHEK and A431 3D organotypic rafts is ongoing.

EP004 / #792

Topic: AS01. Basic Sciences / AS01b. Basic & Translational Science

BUILDING THE FOUNDATION TO OPTIMIZE UTILIZATION OF ALISERTIB IN HIGH GRADE SEROUS CARCINOMA

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Introduction: Inhibition of Chromobox 2 (CBX2), a subunit of Polycomb Repressor Complex 1, leads to decreased progression of high-grade serous carcinoma (HGSC) *in vivo*. We identified alisertib, an aurora A kinase inhibitor, as an alternative approach to CBX2 inhibition. Our work aims to optimize the use of alisertib in the management of HGSC.

Methods: An ID8 p53^{-/-}, Brca2^{-/-} syngeneic murine model with CBX2 intact (shControl) was compared to CBX2 knockdown (shCbx2) in mice treated with alisertib or control. Knockdown of CBX2 confirmed by qPCR. Mice were treated with vehicle control or alisertib for 28 days, then euthanized and necropsy performed. Myeloid cell immune profiling was determined by flow cytometry on tumor specimens. A homologous recombination proficient (HRP) syngeneic murine model was utilized to evaluate the efficacy of alisertib in the HRP setting.

Results: CBX2 knockdown reduced tumor weights and the number of dissemination sites ($p < 0.05$). Alisertib similarly reduced tumor burden ($p < 0.0001$); however, this effect depended on the presence of CBX2 (Fig1). Tumor weights and number of dissemination sites were similar in vehicle- and alisertib-treated shCbx2 mice. Treatment with alisertib and Cbx2 knockdown resulted in similar shifts in the myeloid compartment (Fig2). The HRP murine model confirmed alisertib activity in the homologous recombination proficient setting.

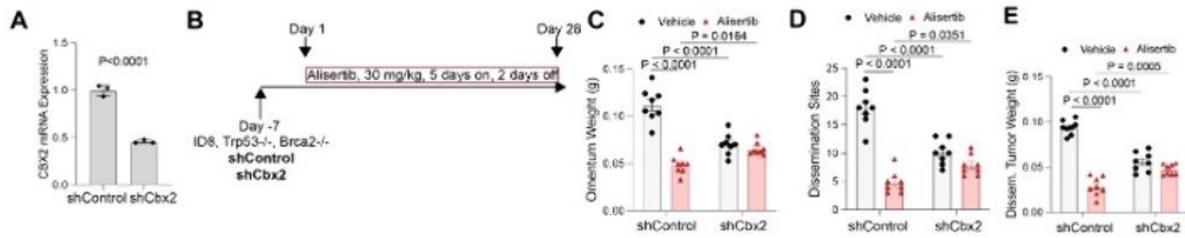


Figure 1. Alisertib anti-tumor activity is dependent on CBX2. A) ID8 p53^{-/-}, Brca2^{-/-} cells were transduced with shControl or shCbx2. Cbx2 expression was confirmed via qPCR. Internal control, HPRT. B) ID8 shControl and ID8 shCbx2 were used for an *in vivo* study. C) At the time of necropsy, omentum weight, D) number of dissemination sites, and E) disseminated tumor weight were measured.

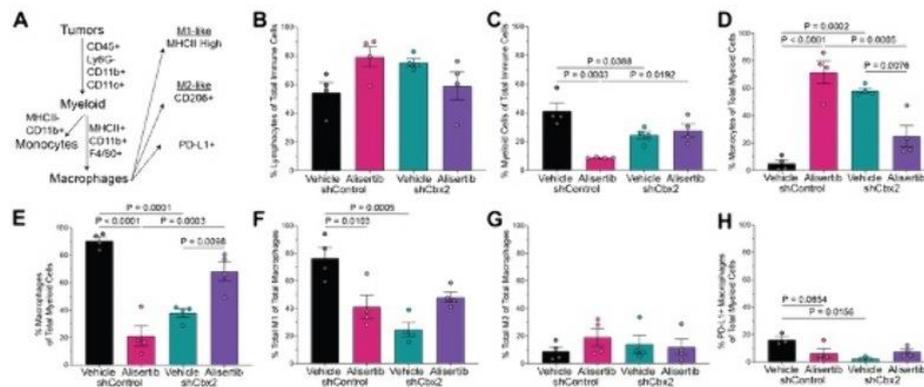


Figure 2. Alisertib-mediated myeloid remodeling is dependent on CBX2. A) ID8 shControl and ID8 shCbx2 tumors were used for immune profiling of the myeloid compartment. B) % Lymphocytes of total immune cells. C) % Myeloid cell of total immune cells. D) % Monocytes of myeloid cells. E) % Macrophages of myeloid cells. F) % of M1 of total macrophages. G) % of M2 of total macrophages. H) % of PD-L1⁺ macrophages of total myeloid. Error bars, SD. Statistical test, one-way ANOVA with Tukey multicomparison test (C-F, H).

Conclusion/Implications: The efficacy of alisertib in HGSC is dependent on the expression of CBX2, suggesting that CBX2 may serve as a biomarker for optimizing alisertib in HGSC. Alisertib is efficacious in the HRP setting, raising questions about its potential as a maintenance option in HRP HGSC.

EP005 / #171

Topic: AS01. Basic Sciences / AS01b. Basic & Translational Science

THE IMPACT OF EPYC ON PROLIFERATION AND MIGRATION OF OVARIAN CANCER CELLS AND ITS CLINICAL SIGNIFICANCE IN OVARIAN CANCER

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Introduction: Ovarian cancer (OC) has the highest mortality rate among gynecological cancers. EPYC has been reported to play an important role in a variety of malignancies. However, its effect on OC is still unclear.

Methods: CCK-8 assays, colony formation assays, and EdU assays were performed to assess the proliferation in vitro. Wound healing and transwell were performed to assess the migration. Immunohistochemistry (IHC) was utilized to assess EPYC expression level in 23 primary OC and 26 metastasis OC tissues. ELISA was utilized to measure EPYC levels in OC ascites and plasmas. Correlations of EPYC expression with clinicopathological parameters of OC was statistically analyzed.

Results: The data suggested that EPYC could promote proliferation and migration of OC cells. EPYC overexpression facilitated the phosphorylation of PLC γ 2. The small molecule inhibitor U-71322 had no effect on the proliferative capacity of OC cells. But, it can block the proliferative effect in EPYC overexpressed OC cells. IHC results revealed that EPYC is negatively expressed in normal ovarian tissues, positively expressed in cancer cells of OC tissues with negative stromal expression, and both cancer cells and stroma showed positive expression in metastatic lesions. The expression of EPYC was stronger in distant metastatic lesions. Ascites EPYC levels in OC patients were significantly higher than pelvic effusion in patients with benign diseases, but no difference in plasma.

Conclusion/Implications: EPYC plays a significant role in the development and progression of OC, with PLC γ 2 potentially serving as a key downstream signaling molecule. Our findings suggest that EPYC may be a potential target for OC treatment.

EP006 / #931

Topic: AS01. Basic Sciences / AS01b. Basic & Translational Science

ORLISTAT IMPAIRS LYMPH NODE METASTASIS VIA PALMITIC ACID-INCUCDED EPITHELIAL-MESENCHYMAL TRANSITION IN CERVICAL CANCER

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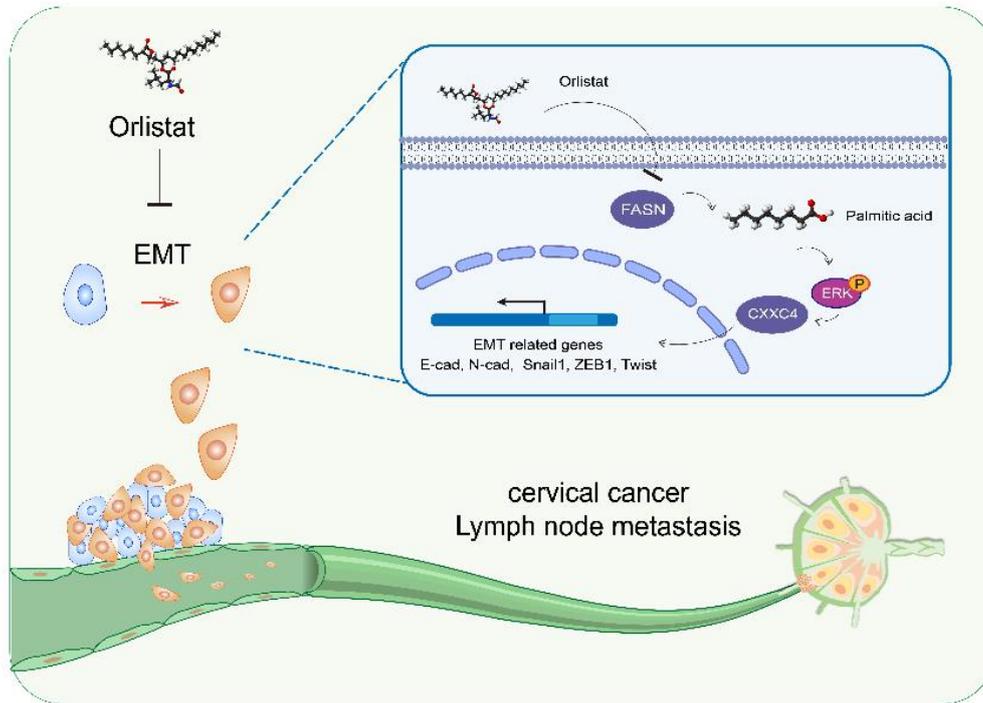
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Introduction: Lymph node metastasis is the leading cause of death in cervical cancer patients. Emerging evidence has linked Fatty Acid Synthase (FASN) to epithelial-mesenchymal transition (EMT), a key driver of tumor invasion and metastasis in various cancers. However, the specific role of FASN in regulating EMT-mediated lymph node metastasis in cervical cancer remains insufficiently explored, and the mechanisms are poorly understood. In the present study, we aim to explore the role of Orlistat, one of the FASN inhibitors, in cervical cancer lymph node metastasis.

Methods: The association between FASN and EMT-related key genes in cervical cancer tissues was investigated using bioinformatics analysis, immunofluorescence staining, and qRT-PCR. A cervical cancer lymph node metastasis mouse model was established, and Transwell migration assays, wound-healing experiments were applied. Transcriptome sequencing identified downstream targets of FASN. Additionally, exogenous palmitic acid and Orlistat supplementation were employed to assess their contribution.

Results: FASN expression was closely linked to EMT-related genes. These findings were corroborated in vivo using a cervical cancer lymph node metastasis mouse model. Transcriptome sequencing identified CXXC finger protein 4 (CXXC4) as a downstream target of FASN. Treatment with palmitic acid suppressed epithelial genes while enhancing mesenchymal genes and CXXC4 expression via the ERK pathway. Finally, the FASN inhibitor Orlistat inhibited lymph node metastasis in both in vitro (Transwell migration) and in vivo (murine metastasis model) settings.

Conclusion/Implications:



Taken together, our findings uncover that Orlistat, one of the FASN inhibitors, could impair lymph node metastasis via palmitic acid-induced epithelial-mesenchymal transition and identify Orlistat as a potential therapeutic agent in cervical cancer.

EP007 / #1082**Topic:** AS01. Basic Sciences / AS01b. Basic & Translational Science**DEVELOPMENT OF A MULTIPLEX IMMUNOFLUORESCENCE ASSAY TO ASSESS HOMOLOGOUS RECOMBINATION DEFICIENCY STATUS IN 3D PATIENT-DERIVED MODELS OF OVARIAN HIGH GRADE SEROUS CARCINOMA**Catriona Dickie¹, Diego Dos Reis², Tatiany Silveira², Camila Almeida², Manuel Salto-Tellez², [Christina Fotopoulou](#)¹, Tom Lund², Paula Cunnea¹¹Imperial College London, London, United Kingdom, ²Institute of Cancer Research, London, United Kingdom

Introduction: Around 50% of ovarian High Grade Serous Carcinoma (HGSC) patients present with Homologous Recombination (HR) DNA-Damage Repair deficiency (HRD). Clinical HR-status is assessed via BRCA1/2 mutation status and quantification of Genomic-Instability-Scores (GIS). Previously, we demonstrated spatial heterogeneity in GIS derived from genotyping of multi-site tumours in 22% of HGSC patients. We aimed to develop a functional HR (fHR) multiplex-immunofluorescence assay to more accurately assess the real-time HR status of HGSC.

Methods: Multi-site tumour samples were collected from treatment-naïve patients undergoing cytoreductive surgery for advanced HGSC (FIGO stage IIb-IV), processed into Patient-Derived Tumour Slices (PDTs) and treated with 5 days with platinum and/or PARP-inhibitors, or irradiation (5Gy) within 2 hours of surgery to induce double-stranded DNA breaks. A multiplex Immunofluorescence (mIF) assay was designed detecting pan-cytokeratin, p53, γH2AX, Geminin and RAD51 and optimised using a pilot cohort of samples from n=11 HGSC patients.

Results: Optimal buffer/dilution settings for each mIF antibody were established. Irradiated PDTs showed increases in DNA damage and repair mechanisms relative to non-irradiated controls. A mIF image analysis pipeline was developed based on co-expression of RAD51, Geminin and either pan-cytokeratin or p53-positive tumour cells using binary positive/negative criteria for each marker, to determine fHR scores from endogenous and/or irradiated PDTs.

Conclusion/Implications: A fHR assay to detect HR status using mIF technology was established, demonstrating evidence of intra-patient heterogeneity in response to DNA damage. To confirm validity of the mIF pipeline, PDTs fHR data will be correlated with genomic HR-status to provide a holistic functional assessment of HR in HGSC.

EP008 / #1095

Topic: AS01. Basic Sciences / AS01b. Basic & Translational Science

MODELLING OVARIAN HIGH-GRADE SEROUS CARCINOMA TUMOUR HETEROGENEITY USING EX-VIVO PATIENT-DERIVED TUMOUR ORGANIDS

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Introduction: Ovarian high grade serous carcinoma (HGSC) displays extensive genomic instability with prevalent inter and intra-tumoural heterogeneity. Patient-derived tumour-organoids (PDOs) are now recognised as valuable *ex-vivo* cancer models which can reliably represent the *in-vivo* characteristics of tumours. We established *ex-vivo* PDOs from disseminated multi-site tumours to characterise the inter- and intra-patient heterogeneity of ovarian HGSC.

Methods: Multi-site tumour samples were collected from HGSC patients (n=16) following cytoreductive surgery, tumour cells extracted and PDOs grown with/without R-spondin. PDOs were tested with platinum chemotherapy (Cisplatin, Carboplatin) and PARP-inhibitors (PARPi). RNAseq and quantitative-PCR were employed to identify transcriptomic changes.

Results: PDOs established from disseminated tumours (mean n=5 tumours per patient) from n=16 cases were maintained in culture >5 passages. IC₅₀ values for platinum compounds and PARPi significantly varied between PDOs from different anatomical sites and between patients. RNAseq analysis revealed statistically significant gene expression variability in different PDO cultures from the same patient, with a focus on cancer stem cell (CSC) genes, epithelial-mesenchymal transition (EMT) markers, and drug transporters genes (p<0.05, logFC>0.5). Quantitative-PCR confirmed gene expression changes in key CSC and EMT genes in different tumour sites within patients and between different media compositions (± R-spondin).

Conclusion/Implications: Inter and intra-patient spatial heterogeneity was observed in phenotypic drug responses to platinum and PARPi and in gene expression changes in important CSC, EMT and drug transporter-related genes in HGSC PDOs, reflecting the heterogenous complexity of HGSC. Going forward, to correctly model the inherent heterogeneity of HGSC, PDO-based screening platforms to predict drug responses should include PDOs representative of metastatic HGSC.

EP009 / #810

Topic: AS01. Basic Sciences / AS01b. Basic & Translational Science

MOLECULAR PROFILING WITH SOMATIC VARIANTS IN ENDOMETRIAL CANCER

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Introduction: The Cancer Genome Atlas (TCGA)-based molecular classification stratifies endometrial carcinomas (EC) into four categories: POLE mutated (POLEmut), mismatch repair deficient (MMRd), p53 abnormal (p53abn) and no specific molecular profile (NSMP) with divergent prognoses. The aim of our study was to identify and characterize somatic variants in EC using FFPE in Omani women.

Methods: A retrospective study at the Sultan Qaboos Comprehensive Cancer Care and Research Center (SQCCRC) between 2022 and 2024 on the outcomes of endometrial cancer. Archived formalin-fixed paraffin-embedded samples were obtained, DNA was extracted using MagMax extraction kits. Next-generation sequencing (NGS) was utilized to investigate somatic variants in patient samples. The OncoPrint™ Comprehensive Assay Plus was used to identify genetic variants.

Results: We included 32 confirmed malignancies, DNA was extracted from FFPE in 19. The median age was 58 years (31.3-87.3), BMI was 34.8 and 67.7% presented at stage 1 and 66.7% were endometrioid adenocarcinoma, The most frequent mutation was PTEN (57.8%), PIK3CA (42%), TP53 36%, POLE was 35.7%, CTNNB1 21% and ATM 15.7%. All cases are discussed in the MDT, decision on treatment strategies was made following the implementation of molecular classification in 34% of cases and treatment approach changed.

Conclusion/Implications: Outcomes from randomized trials have shown that molecular classification has prognostic value in EC. In our study we demonstrate that molecular classification had an impact on the management of patients. We plan to expand the molecular profiling to all cases diagnosed and treated. Long-term follow-up and prognostic data are needed in our population.

EP010 / #974**Topic:** AS01. Basic Sciences / AS01b. Basic & Translational Science**UNCOVERING THE BURDEN OF VITAMIN D3 DEFICIENCY IN PATIENTS WITH NEWLY DIAGNOSED GYNAECOLOGICAL MALIGNANCY**

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Introduction: Vitamin D3 plays a key role in regulating calcium metabolism and regulates cell proliferation and differentiation. The present study aimed to evaluate prevalence of Vitamin D3 deficiency in women with gynecological malignancy.

Methods: Retrospective analysis of all consecutive newly diagnosed patients with gynecological cancer from August 2022 to December 2023. Data was retrieved from electronic medical records after obtaining Institutional Review Board approval. Patients were categorized based on their serum Vitamin-D3 level: sufficiency was defined as >30–40 ng/mL, insufficiency as 20–30 ng/mL, and deficiency as <20 ng/mL.

Results: Serum Vitamin D3 levels were available for 651 patients. 61.3% (399) had a deficiency, 20.3% (132) had insufficiency and a normal level was observed in only 18.4% (120) patients. Cervical cancer (42.7%) was the most common cancer followed by ovarian (41.9%) and uterine cancers (12%). Patients without Vitamin-D3 deficiency were significantly older by 4 years than those with deficiency, median age 56 vs. 52 years ($p < 0.001$). Hypertension was significantly associated with increased odds of Vitamin D3 deficiency (OR = 3.03, 95% CI: 1.68–5.44), while other comorbidities, including diabetes (OR = 1.93, 95% CI: 0.92–4.02) and multiple conditions (OR = 1.63, 95% CI: 0.92–2.87), showed non-significant trends. No significant association was found between cancer type & stage and Vitamin-D3 levels.

Conclusion/Implications: Vitamin-D3 deficiency/insufficiency was highly prevalent in Indian patients with gynaecological cancer and was significantly associated with hypertension and younger age ($p < 0.001$), which was independent of cancer type and stage. Routine measurement of serum Vitamin-D3 level and appropriate correction should be offered along with cancer-directed treatment.

Table1. Demographic and clinical characteristic among the cohort

| Baseline characteristic | Total Number of patients | Normal Vit-D3 | Insufficiency/Deficiency Vit-D3 |
|-----------------------------------|---------------------------------|----------------------|--|
| N (%) | 651 (100%) | 120 (18.4%) | 531 (81.6%) |
| Menstrual status | | | |
| Pre- Menopausal | 205 (31.5%) | 27 | 178 |
| Post Menopausal | 446 (68.5%) | 93 | 353 |
| Age yrs Median (Range) | 53 (16-79) | 56 (26-75) | 52 (16-79) |
| Cancer site | | | |
| Cervix | 273 (41.9%) | 52 (19.1%) | 221 (80.9%) |
| Ovary | 278 (42.7%) | 46 (16.5%) | 232 (83.5%) |
| Uterus | 78 (12%) | 20 (25.7%) | 58 (74.3%) |
| Vulva + Vagina | 15 (2.3%) | 0 (0%) | 15 (100%) |
| GTN | 7 (1.1%) | 2 (28.5%) | 5 (71.4%) |
| | | | |
| STAGE | | | |
| Stage I | 76 (11.7%) | 18 (23.7%) | 58 (76.3%) |
| Stage II | 98 (15.1%) | 17 (17.3%) | 81 (82.7%) |
| Stage III | 314 (48.2%) | 53 (16.9%) | 261 (83.1%) |
| Stage IV | 163 (25%) | 32 (19.6%) | 131 (80.4%) |

EP011 / #597**Topic:** AS01. Basic Sciences / AS01b. Basic & Translational Science**CYTOTOXIC EVALUATION OF A PERITONEAL CISPLATIN SLOW-RELEASE MEMBRANE FOR OVARIAN CANCER TREATMENT: AN ANIMAL MODEL**

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Introduction: Platinum-based drugs remain the cornerstone of chemotherapy for ovarian cancer. While various forms of intracavitary chemotherapy offer potential clinical benefits, they are often associated with significant toxicity, which may limit the advantages of localized treatment. Alternative intraperitoneal delivery methods are needed to reduce systemic side effects.

Objective: To develop and evaluate a cisplatin-loaded membrane designed for sustained, slow drug release, with the goal of reducing toxicity and enhancing direct tumor exposure in murine models.

Methods: The membrane was synthesized via electrospinning of a solution containing acetic acid, dimethylformamide, bovine gelatin, and cisplatin. The highest concentration achieved without crystal formation was 5.3 mg/mL. In vitro drug release was evaluated over 20 days, followed by application in SKOV3 tumor cell cultures. In vivo studies were conducted in nude mice bearing SKOV3 xenografts, first as a pilot study and subsequently in a larger animal trial.

Results: Cisplatin release was more stable with increased membrane thickness compared to glutaraldehyde crosslinking. The membrane demonstrated effective tumor cell control in in vitro SKOV3 assays. However, in vivo, free cisplatin administered into the peritoneal cavity was more effective than the membrane in reducing tumor burden. Weight loss and animal toxicity profiles were not significant across all groups.

Conclusion/Implications: The membrane prototype showed promising in vitro results. However, further optimization of the release kinetics is needed to maintain therapeutic drug levels for more than 10 days in vivo.

EP012 / #908

Topic: AS01. Basic Sciences / AS01b. Basic & Translational Science

COMBINED TARGETING OF NUCLEAR IMPORT AND EXPORT RECEPTORS RESULTS IN SYNERGISTIC INHIBITION OF CERVICAL CANCER CELLS.

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Introduction: The nuclear transport receptors, Karyopherin Beta 1 (Kpn β 1) and Exportin 1 (Crm1), have previously been found to be overexpressed in cervical cancer. This study aimed to investigate the impact of concomitant inhibition of Kpn β 1 and Crm1 on cervical cancer cell biology.

Methods: Bioinformatic analyses were used to assess the relationship between Kpn β 1 and Crm1 expression in cervical cancer patient tissue and their association with cancer patient survival. Cultured cancer cell lines were treated with the small molecule inhibitors, Selinexor and INI-43 (for inhibition of Crm1 and Kpn β 1, respectively), and the Chou-Talalay method analysed the effect of their co-inhibition, while apoptosis assays confirmed the mode of cell death.

Results: A positive correlation was found between Kpn β 1 and Crm1 gene expression in cervical cancer patient tissue and, when combined, the high expression of Kpn β 1 and Crm1 associated with poor patient survival. Co-treatment of cervical, ovarian and uterine cancer cells with Selinexor and INI-43 resulted in synergistically enhanced cancer cell death, compared to treatment with either inhibitor alone, while non-cancer cells were less sensitive to treatment with both inhibitors. Combined treatment of cells also resulted in increased markers of apoptosis, including PARP-1 cleavage and activation of Caspase 3/7. Finally, it was found that co-treatment of cells with INI-43 and Selinexor resulted in decreased p65 transcriptional activity, and an inhibitor of NF κ B, sodium salicylate, potentiated the combined effects of INI-43 and Selinexor on cancer cell viability.

Conclusion/Implications: Combined treatment of cervical cancer cells with nuclear import and export inhibitors has potential as an anticancer approach.

EP013 / #398

Topic: AS01. Basic Sciences / AS01b. Basic & Translational Science

CLINICAL SIGNIFICANCE OF 99MTC-METHYLENE DI-PHOSPHONATE BONE IMAGING & MOLECULAR BIOLOGY IN THE DIAGNOSIS OF BREAST CANCER BONE METASTASES.

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Introduction: Clinical research and medical therapies arising from molecular biology and the use of molecular cell biology approaches in medicine is now called molecular medicine. Biological molecules are predominantly three-dimensional and structural, it must inquire into genesis and function. Breast Cancer is most prone to metastasize to long bones. Present scenario involves 99mTechnetium methylene di-phosphonate (99mTc MDP) bone scintigraphy method of choice for the detection of bone metastases. To help diagnose pathology of the skeletal system, patients are injected with radiopharmaceuticals composed of Technetium-99m and a bone-seeking molecule such as analogs of calcium, and diagnosis is made.

Methods: All patients underwent whole-body bone planar scintigraphy in the anterior and posterior positions 3 hours after injection. A dose of 22 to 30 mCi of 99mTc-MDP was injected IV, entire skeleton was taken under the gamma camera imaging machine.

Results: Total 53 females, 25- 72 years were accounted for the study. Out of which 50 females was histopathologically diagnosed as cancer breast. They have been referred to nuclear medicine with the history of lump in breast with pain in joints. On visual analysis there was positive scan findings (bone metastases) in 19 patients (35.84 %) and negative scan findings (normal bone scan) in 34 patients (66.6%).

Conclusion/Implications: In this series of breast cancer patients 99mTc-MDP scan proves highly sensitive in measuring the extent of bone metastasis in breast cancer. It elucidates, non-invasively, lesion characteristics and indicative for prognosis and response to chemotherapy and hormonal treatment.

EP014 / #424

Topic: AS01. Basic Sciences / AS01b. Basic & Translational Science

DETECTION OF BIS(2-ETHYLHEXYL) PHTHALATE IN THE VAGINA AS A MEASUREMENT OF EXPOSURE IN PATIENTS WITH ENDOMETRIAL CANCER

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Introduction: The incidence of endometrial cancer (EC) is increasing worldwide. To date, few studies have investigated the role of environmental exposures on risk of EC. Candidate molecules for such studies include phthalates, which are endocrine-disrupting chemicals (EDCs) from the plasticizer industry. Evidence suggests that EDCs may play a role in EC development through alterations in estrogen signaling pathways and the local immune microenvironment. No studies have investigated their presence in the vagina as a measurement of exposure. Our aim was to quantify bis(2-ethylhexyl) phthalate (DEHP), a probable carcinogen, in the vagina of EC patients compared to a benign control.

Methods: Vaginal swabs were collected at time of hysterectomy for both EC and benign disease; five patients were used for this pilot investigation. Phthalate extraction was performed using acetonitrile as an organic solvent, facilitating the detection of DHEP using ultra-performance liquid chromatography-tandem mass spectrometry (UPLC-MS/MS). A linear calibration curve for DEHP was optimized for a detection range of 0.01 ng/mL to 200 ng/mL, achieving an R² coefficient greater than 0.99.

Results: DEHP was identified in all four patients with cancer and one benign control (adenomyosis). The average vaginal DEHP concentration ranged from 2.7124 ng/mL - 46.2877 ng/mL (Table 1). DEHP concentration was higher in all EC specimens compared to benign control.

Table 1. DEHP concentrations in vaginal swab extractions by UPLC-MS/MS

| Histology | DHEP concentration (ng/mL) |
|--|----------------------------|
| High-grade serous endometrial carcinoma | 38.6919 |
| Endometrioid FIGO grade I adenocarcinoma | 46.2877 |
| Endometrioid FIGO grade I adenocarcinoma | 10.2013 |
| Endometrioid FIGO grade I adenocarcinoma | 9.0321 |
| Adenomyosis | 2.7124 |

Conclusion/Implications: DEHP was found in the vagina of women with EC and benign control, suggesting a potential environmental exposure related to EC risk. Further research with a larger sample is needed to explore host-DEHP interactions and enhance prevention efforts.

EP015 / #584

Topic: AS01. Basic Sciences / AS01b. Basic & Translational Science

DEVELOPMENT AND VALIDATION OF ISOTHERMAL NUCLEIC ACID AMPLIFICATION PLATFORM FOR DETECTION OF HUMAN PAPILLOMAVIRUS (HPV) 16 & 18: EFFORTS TO IMPROVE CLINICAL DECISION-MAKING

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Introduction: HPV is the most common sexually transmitted infection associated with cancers, particularly cervical and oropharyngeal cancer, lead to thousands of deaths worldwide each year.

Methods: Primers were designed targeting consensus sequences of HPV type 16 and 18. Two viral DNA will be used for the optimization of the time and temperature for the RPA assay. After consent, cervical cell samples were collected from all patients diagnosed with cervical cancer. Controls were obtained from healthy volunteers without any evidence of cancer and with a negative Pap test within the past year.

Results: This platform enables highly specific detection of HPV 16, with a remarkable sensitivity down to a single copy using fluorescence. In a study of 80 clinical isolates, the assay demonstrated 100% sensitivity, highlighting its reliability. Unlike traditional methods, which are time-consuming, the NAAT assay delivers results in just 40 minutes at a steady temperature of 37°C. It delivers visual changes, which can be observed with the naked eye in as little as 20 minutes, making this technique particularly suitable for point-of-care testing (POCT) in clinical settings.

Conclusion/Implications: In conclusion, the NAAT fluorescence assay is a promising, rapid, and reliable method for HPV 16 detection with strong potential for future POCT applications.

EP016 / #634**Topic:** AS01. Basic Sciences / AS01c. Genetics & Epidemiology**SYSTEMATIC REVIEW AND META-ANALYSIS OF HUMAN PAPILLOMAVIRUS PREVALENCE AND GENOTYPE DISPARITY AMONG HIV-POSITIVE WOMEN IN AFRICA**Yirga Amare¹, Dahabo Gelgalo², Kiss Habil²¹University of Pecs, Clinical Medicine, Budapest, Hungary, ²University of Pecs, Public Health, Budapest, Hungary

Introduction: The variability in reported prevalence of HPV among HIV-positive women across different regions in Africa necessitates a comprehensive and systemic examination. Therefore, this systematic review and meta-analysis aim to consolidate existing data to present up-to-date pooled estimates of HPV prevalence, genotype-specific distribution and factors associated with HPV infection among HIV -positive women in Africa.

Methods: A systematic search was conducted across different databases. The Q statistics and I^2 measures were used to evaluate the heterogeneity. The forest plot was used to depict the prediction interval, the 95% CI, and effect sizes. The qualitative information was also included to summarise the risk factors.

Results: Twenty-three studies comprising 9954 HIV-positive women were pooled. The pooled prevalence of all types of HPV infection among HIV-positive women was 49.4(95%CI: 42.43, 56.38) with evidence of heterogeneity ($Q= 520.92$, $DF=16$, $I^2=96.93\%$, $P < 0.0001$). Among HIV-positive women, the combined prevalence of high-risk HPV infection was 45.26 (95%CI: 31.02, 59.91), with heterogeneity across studies ($Q=439.1812$, $DF=10$, $P < 0.0001$, $I^2=97.72\%$). Low-risk HPV infection had a pooled prevalence of 24.98 (95%CI; 12.27, 40.41) with variation across the studies ($Q=134.39$, $DF=6$, $P < 0.0001$, $I^2 =95.54\%$). Human papillomavirus genotypes 16, 18, 52, 33 and 35 were the most frequently reported. A higher CD4 count is associated with lower HPV prevalence.

Conclusion/Implications: Roughly, a 10% decline in HPV prevalence between 2020 and 2024 was observed. If this trend continues at the same pace, it is probably impossible for Africa to catch the World Health Organisation's (WHO) call for eliminating HPV-related cervical cancer by 2030.

EP017 / #328**Topic:** AS01. Basic Sciences / AS01c. Genetics & Epidemiology**WHOLE GENOME–BASED CHARACTERIZATION OF TUMOR PROGRESSION OF RARE HISTOLOGIC TYPES OF CERVICAL ADENOCARCINOMA**

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Introduction: To determine the molecular underpinnings of disease progression in rare cervical adenocarcinoma using genome-wide profiling.

Methods: Rare histology cervical adenocarcinoma with fresh-frozen tumor and normal tissues were selected, DNA was extracted and subjected to whole-genome sequencing (WGS), and sequencing data were analyzed.

Results: Of four cases selected, three had sufficient DNA quality and quantity to undergo WGS. Case 1 was an HPV-independent (HPVI) endocervical primary untreated and chemoradiation treated recurrent tumor. Both tumors had a high tumor mutational burden; dominant APOBEC mutational signatures; shared somatic mutations in *TP53*, *ARID1A*, and *ERBB3*; and several copy number losses. The recurrence acquired pathogenic mutations in *ASXL2*, *BRD4*, and *PTPRS*, and displayed increased chromosomal instability. Case 2 was an HPV-associated endocervical untreated primary and metastatic tumor. Both tumors had dominant age-related mutational signatures, shared copy number gains in chromosome 1 and losses in chromosome 18, and pathogenic mutations in *KMT2A*. Few mutations and copy number alterations were noted overall; however, the metastasis had a *GNAS* mutation, and the primary had a chromosome 15 copy number gain. Case 3 was an HPVI clear cell chemoradiation-treated primary tumor. The age-related mutational signature was predominant and the tumor harbored pathogenic mutations in *ARID1A*, *RB1*, and *PRKAR1A*. Higher levels of chromosomal instability compared to the previous two cases was noted.

Conclusion/Implications: WGS of these rare cervical adenocarcinomas demonstrated genomic heterogeneity across tumors and acquisition of molecular changes from primary to metastatic/recurrent tumors, suggesting treatment-related changes and genetic alterations associated with tumor progression.

EP018 / #1050

Topic: AS01. Basic Sciences / AS01c. Genetics & Epidemiology

EPIDEMIOLOGY OF OVARIAN CANCER IN NORTHERN TUNISIA

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Introduction: Ovarian cancer is the most common cause of death from gynecological cancer. The objective of this study was to describe the epidemiological characteristics of ovarian cancer in northern Tunisia in 2018.

Methods: The Northern Tunisia Cancer Registry was the source of data of this study. Data collection, coding and check followed the international recommendations of the International Agency for Research on Cancer (IARC). Crude and age-standardized incidence rates were calculated.

Results: One hundred and twenty-one (121) cases of ovarian cancer were recorded in northern Tunisia in 2018. The average age was 55.5 ± 14.0 years with 73.3% of cases aged 50 years and over. The standardized incidence rate was 4.1/100,000 in 2018. Histologically, adenocarcinomas represented a third of cases, and cystadenocarcinomas around the quarter of cases. This cancer was diagnosed in 46.5% of cases at a local stage and in 36.4% at a metastatic stage. The incidence trend was stable between 1994-2018 with an annual percentage change of 0.4%, $p=0.4$

Conclusion/Implications: If current trends continue, the incidence of ovarian cancer may begin to increase in Tunisia. The use of salpingectomy and expanded identification and intervention targeting BRCA mutation carriers could help reduce the incidence of this cancer.

EP019 / #1100

Topic: AS01. Basic Sciences / AS01c. Genetics & Epidemiology

RESULTS OF BREAST CANCER SCREENING IN TUNISIA IN 2024

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Introduction: Breast cancer screening or more specifically early detection in Tunisia concerns all women over 30 years of age consulting in primary care facilities through clinical examination. The objective of this study is to describe the results of breast cancer early detection in primary care facilities in Tunisia in 2024.

Methods: These were results of routine opportunistic screening in primary care facilities in Tunisia during the year 2024. Data were collected from all regional directorates of Tunisia and processed at the basic health care directorate of Tunis.

Results: In total, 281,244 women aged 30 to 70 were screened for breast cancer through clinical examination in Tunisia in 2024. Among them, 38,853 women (13.8%) were referred for mammography. Contrary to expectations, breast examination was more practiced in the south of the country, namely in the governorates of Kasserine, Sfax and Gabes. Among the requested mammograms, only 15,491 actually underwent this examination, which represent much less than the half (39.8%). The main reasons for this low percentage was a lack of human and material resources essentially in the interior regions of the country. In total, 460 cases of breast cancer were screened, equivalent to 3% of the performed mammograms and only 1.2% of the suspicious breast clinical examinations.

Conclusion/Implications: Strengthening breast cancer screening is strongly recommended for both the general population and healthcare staff through broad communication and effective awareness-raising.

EP020 / #1105**Topic:** AS01. Basic Sciences / AS01c. Genetics & Epidemiology**EPIDEMIOLOGY OF CERVICAL CANCER IN NORTHERN TUNISIA**Hyem Khiari¹, Saida Sakhri², Soumaya Henchiri³, Ahlem Fourati¹¹Salah Azaiez Institute, Epidemiology, Statistics And Medical Informatics Department, Tunis, Tunisia, ²SAI, Surgical Oncology, Tunis, Tunisia, ³basic health care management, Tunis, Tunisia**Introduction:** Cervical cancer (CC) is the fourth leading cause of cancer morbidity and mortality in women globally. The objective of this study was to describe epidemiological patterns of CC in Northern Tunisia in 2018.**Methods:** The Northern Tunisia Cancer Registry was the source of data of this study.**Results:** In 2018, 129 cc cases were diagnosed with an age standardized incidence rate of 4.7/100,000 women year. The mean age at diagnostic was of 56 ± 12.9 years with extremes ranging from 19 to 88 years old . Proportional distribution according to age group have shown that 9.4% of cases were under the age of 40 years old, 64.3% of cases were over 50 years old and 37.6% of cases were over 60 years old. The highest proportion was recorded between 45 and 59 years with 41.0%. The age specific incidence rate increased regularly with age. Regional extension represented more the half of cases with 53.6%, followed by local (37.9%) and metastatic extension (7.9%). CC in situ represented only 0.5% of CC cases. The most frequent histological type was squamous cell carcinomas with 80.1% during the whole period followed by adenocarcinomas (7.9%). Low grade represented more than the half of total cases (54.1%) while high-grade described 17.4% of CC cases.**Conclusion/Implications:** The low incidence of CC in Tunisia confirmed by this study should not reassure us to the absence of risk of an increase in this incidence. This underscore the need for the application of CC control program in Tunisia through CC screening and HPV vaccination.

EP021 / #911

Topic: AS01. Basic Sciences / AS01c. Genetics & Epidemiology

RISK-REDUCING SALPINGO-OOPHORECTOMY FOR BREAST CANCER IN BRCA MUTATION CARRIERS: 88 CASES AT A SINGLE INSTITUTION

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Introduction: Women with *BRCA* germline pathogenic variants are at a higher lifelong risk of developing ovarian cancer than women without pathogenic variants. However, there is no conclusive method for the early detection of ovarian cancer, and the prognosis for advanced ovarian cancer is by no means favorable. In Japan, genetic testing and counseling for patients with breast cancer and risk-reducing salpingo-oophorectomy (RRSO) for women with pathogenic *BRCA* germline variants for ovarian cancer prevention have been covered by insurance since April 2020. Since the number of RRSO cases is on the rise, we conducted a retrospective study.

Methods: We introduced a genetic counseling and collaboration system for pathologists at our hospital in 2015, and 88 cases of RRSO have been recorded thus far. For these patients, the fallopian tube was cut into small sections from the excised tissue (SEE-FIM protocol), and p53 and Ki-67 immunostaining, among other experiments, were conducted for pathological examinations.

Results: RRSO was performed of which 41 patients with *BRCA1* pathogenic variants and 46 with *BRCA2* pathogenic variants as a laparoscopic procedure, and no complications were reported. Detailed histopathological examination revealed abnormalities in 15 cases (17%). And no patients subsequently developed peritoneal cancer. Three patients died from recurrence of current disease.

Conclusion/Implications: Although laparoscopic RRSO is considered a safe technique, longer-term follow-up studies are needed to monitor its effectiveness and postoperative health complications in Japanese patients in the future. Although the details of the postoperative course of these cases are unknown, we believe that detailed pathological examinations are of utmost importance.

EP022 / #863

Topic: AS01. Basic Sciences / AS01c. Genetics & Epidemiology

VULVAL CANCER IN IRELAND: A SINGLE-CENTRE EXPERIENCE

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Introduction: Vulval cancer represents 3-5% of gynaecological malignancy; approximately 70 women are diagnosed per annum in the Republic of Ireland. While vulval cancer is rare it remains underrepresented in the literature, particularly in the Irish setting. Data on diagnostic and therapeutic strategies are lacking, and very little has been explored by way of disease-specific outcomes. Addressing such deficits in knowledge is vital for informing policy, directing resources and, ultimately, optimising pathways of care.

Methods: A retrospective review was carried out at an Irish tertiary referral centre for all new diagnoses of vulval cancer over an 11-year period from 2014 to 2024. Institutional permission was granted for the review. Data was collated on FIGO stage, clinical characteristics, risk factors, histological sub-type, diagnostic investigations, treatment strategies, treatment complications, multidisciplinary input, disease recurrence and survival.

Results: 170 new cases of vulval cancer were treated from 2014 and 2024. The median age was 63.5 (25 – 97). 90% were SCC and the majority of disease was FIGO Stage 1 (62%). MRI and CT were the most commonly employed imaging modalities followed by PET/CT. Inguinal ultrasound was not employed. 75% patients underwent vulvectomy, of which 12% required vulval reconstruction with a fasciocutaneous flap. 51% underwent groin dissection (55% sentinel (S), 35% full/debulk (F), 10% combination S+F). 32% underwent radiotherapy and 11% received chemotherapy.

Conclusion/Implications: We present here the results of a large single-centre retrospective series of patients with primary vulval cancer. Clinical characteristics, management strategies and outcomes were largely in keeping with international data and best practice.

EP023 / #376

Topic: AS01. Basic Sciences / AS01c. Genetics & Epidemiology

HEREDITARY OVARIAN CANCER – HIGHER RISK IN HISPANIC WOMEN IN THE UNITED STATES?

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Introduction: Approximately 15-20% of epithelial ovarian cancer (EOC) diagnoses are attributed to a germline pathogenic variant (PV) in a hereditary cancer gene. The goal of this study was to describe the characteristics of hereditary ovarian cancer in a Hispanic population in the United States.

Methods: Under IRB approval, 1308 EOC cases diagnosed from 2021-2024 in a network of hospitals in a single state were analyzed. Germline genetic testing results and clinico-pathologic variables were abstracted.

Results: The germline PV rate was 30.0% in patients that identify as Hispanic (30/100) versus 18.0% in the overall population of patients with an EOC diagnosis (236/1308). Among the 30 Hispanic patients with a germline PV, median age of diagnosis was 54.5 (range 30 -69), 90.0% (27/30) had serous histology, 33.3% (10/30) had stage I/II, and 66.7% (20/30) had stage III/IV disease. PVs were found in *BRCA1* (20/30, 66.7%), *BRCA2* (6/30, 20.0%), *BRIP 1* (n=1), *CHEK2* (n=1), *TP53* (n=1), and *ATM* (n=1). The *BRCA1* 185delAG Ashkenazi Jewish founder mutation was found in 20.0% (6/30) of the cohort.

Conclusion/Implications: In this cohort of Hispanic patients with ovarian cancer, 30% had a germline PV in a hereditary cancer gene, a higher proportion than generally reported in unselected populations. *BRCA1* 185delAG was the most common variant, lending support to a shared ancestral history among Hispanic and Jewish populations.

EP024 / #579

Topic: AS02. Clinical Disciplines / AS02a. Diagnostics & Imaging

COMPARISON OF CLINICAL EXAMINATION VERSUS MAGNETIC RESONANCE IMAGING FOR PRETREATMENT STAGING OF CERVICAL CANCER: A SINGLE INSTITUTE EXPERIENCE

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Introduction: According to International Federation of Gynecology and Obstetrics (FIGO) 2018, cervical cancer pretreatment staging should be based on clinical, radiological imaging and pathological findings as appropriate. Magnetic Resonance Imaging (MRI) was explored as beneficial in improving accuracy for tumor size, parametrium involvement and adjacent organ invasion, which aids in cervical cancer pretreatment staging. This study aims to compare pretreatment staging between using standard clinical examination versus MRI and whether differences resulted in change of treatment choice.

Methods: This is a retrospective review using collected data from July 2021 until May 2023. All patients diagnosed with cervical cancer from confirmed biopsy with pretreatment MRI were included. Standard clinical examination included physical examination, chest x-ray, cystoscopy and proctoscopy results. These data were collected from medical charts and each patient's MRI was reviewed by a senior radiologist.

Results: Among 128 patients, 99 cases were advanced staged (77.3%) and main treatment received was concurrent chemoradiation (60.2%). The majority duration between MRI and clinical examination was within 30 days. The concordance rate, defined as agreement rate between clinical examination and MRI pretreatment staging group of early or advanced, is 90.7%. The early or advanced stage group was discordant among 12 cases (9.3%) with 5 cases (3.9%) resulting in different treatment options.

Table 1: Concordance rate between clinical examination and magnetic resonance imaging for early and advanced stage disease

| | | MRI | | Total |
|----------------------|----------------|-------------|----------------|------------|
| | | Early Stage | Advanced Stage | |
| Clinical examination | Early Stage | 28 (21.9%) | 7 (5.4%) | 35 (27.3%) |
| | Advanced Stage | 5 (3.9%) | 88 (68.8%) | 93 (72.7%) |
| Total | | 33 (25.8%) | 95 (74.2%) | 128 (100%) |

Table 2: Subgroup analysis in early stage cervical cancer with surgical treatment (n = 32)

| | Sensitivity (95%CI) | Specificity (95%CI) | PPV (95%CI) | NPV (95%CI) |
|--------------------------------|------------------------|------------------------|-----------------------|------------------------|
| Tumor Size <2 cm | | | | |
| - Clinical | 82.4% (56.6-96.2) | 71.4% (41.9-91.6) | 77.8% (59.8-89.2) | 76.9% (53.1-90.8) |
| - MRI | 94.1% (71.3-99.9) | 85.7% (57.2-98.2) | 88.89% (68.8-96.7) | 92.3% (63.9-98.8) |
| Tumor Size 2-4 cm | | | | |
| - Clinical | 66.8% (29.9-92.5) | 77.3% (54.6-92.2) | 54.6 % (32.8-74.7) | 85.0% (68.6-93.6) |
| - MRI | 77.8% (39.9-97.2) | 90.9% (70.8-98.9) | 77.8% (47.2-93.2) | 90.91% (74.5-97.2) |
| Vaginal Involvement | | | | |
| - Clinical | 66.7% (9.4-99.2) | 96.6% (82.2-99.9) | 66.7% (19.9-94.2) | 96.6% (84.9-99.3) |
| - MRI | 66.7% (9.4-99.2) | 86.2% (68.3-96.1) | 33.3% (12.9-62.7) | 96.2% (83.4-99.2) |
| Parametrial involvement | | | | |
| - Clinical | - | 100.0% (89.1-100.0) | - | 100.0% (89.1-100.0) |
| - MRI | - | 87.5% (71.0-96.5) | - | 100.0% (87.7-100.0) |
| Lymph node involvement | | | | |
| - MRI | 16.7% (0.4-64.1) | 92.6% (75.7-99.1) | 33.3% (5.1-82.3) | 83.3% (77.5-87.9) |

Conclusion/Implications: To conclude, there was a high concordance rate between standard clinical examination and MRI imaging. Only 3.9% of cases had discordances, which may alter treatment options. Thus, using MRI according to international guidelines is still questionable in our limited resource country; further prospective studies are warranted.

EP025 / #1064

Topic: AS02. Clinical Disciplines / AS02a. Diagnostics & Imaging

THE ROLE OF CONTRAST-ENHANCED MAMMOGRAPHY IN THE ASSESSMENT OF BREAST MICROCALCIFICATIONS

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Introduction: To evaluate the correlation between contrast-enhanced mammography (CEM) and histopathological findings in patients with 3–4–5 BI-RAD (Breast Imaging Reporting And Data Systems) microcalcifications detected by mammography

Methods: 13 patients were referred to the medical imaging department of the Salah Azaiez Institute for breast microcalcifications detected by 2D mammography. Each patient underwent 2D mammograph, contrast-enhanced mammography and breast ultrasound. Histological results were retrieved (after biopsies or surgical procedures)

Results: Patients with 5 BI-RDS and 4c BI-RDS microcalcifications without other abnormalities had a mass enhancement on CEM (one 5 BI-RDS case and two 4c BI-RDS cases) and only one case a non mass enhancement (BIRADS 4C) and all had a CCI on histological results. Four cases of BI-RDS 4b associated with other abnormalities (masses) showed mass enhancement with CCI on histological findings Four cases with 4b BI-RDS without other abnormalities: only one showed non mass enhancement and three cases without any enhancement on CEM with CCI in histological findings; those patients initially had masses and received neoadjuvant chemotherapy, the microcalcifications persisted after chemotherapy. Only one patient had 3 BI-RDS microcalcifications, there is no enhancement on CEM and the patient had a biopsy (contralateral BI-RDS 6) with benign result for the site of microcalcifications

Conclusion/Implications: Mass enhancement on CEM was most commonly associated with malignancy , the management of micocalcifications with non-mass enhancement or without enhancement always relies on the clinical context

EP026 / #756

Topic: AS02. Clinical Disciplines / AS02a. Diagnostics & Imaging

INVESTIGATING THE USE OF PET-CT IN RECURRENT OVARIAN CANCER. A CASE SERIES REPORT.

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Introduction: Ovarian cancer is the leading cause of mortality among gynaecological malignancies and is characterised by a high rate of recurrence despite initial multimodal treatment. Although PET-CT is recommended by the British Nuclear Medicine Society and the Royal College of Radiologists in selected cases to support clinical decision-making, no UK guidelines specifically address its role in recurrent ovarian cancer. The DESKTOP III trial demonstrated improved survival with secondary cytoreductive surgery in carefully selected patients, and PET-CT may assist in surgical planning by identifying appropriate candidates. This study evaluates the role of PET-CT on managing recurrent ovarian cancer, alongside CT imaging, at a UK tertiary centre.

Methods: A retrospective analysis of University Hospitals Sussex NHS Foundation Trust records between January 2022 and December 2024 identified twelve patients with recurrent ovarian cancer who underwent PET-CT to support clinical decision-making alongside other imaging modalities.

Results: In seven patients (58%), PET-CT detected more extensive nodal involvement than CT alone, leading to a change in treatment to second-line chemotherapy rather than surgery or radiotherapy. In four patients (33%), PET-CT confirmed isolated or oligometastatic disease, making them suitable for secondary cytoreductive surgery or stereotactic radiotherapy. One patient had unexpected findings that required further investigation, and another showed no FDG-avid disease and was managed with chemotherapy.

Conclusion/Implications: PET-CT enhances treatment planning in recurrent ovarian cancer, particularly when CT findings are ambiguous. These findings support the need for national UK guidelines and further research into the cost-effectiveness and clinical impact of PET-CT in this context.

EP027 / #1094**Topic:** AS02. Clinical Disciplines / AS02a. Diagnostics & Imaging**SELECTIVE INTRAOPERATIVE BIOPSY IN ENDOMETRIAL ATYPIA: DEVELOPMENT AND VALIDATION OF A 55/20 RISK SCORE WITH 10-YEAR DIAGNOSTIC AND ECONOMIC OUTCOMES IN CHILE**Oscar Puga¹, Mariana Larroulet¹, Nicolás Saez¹, Miguel Urzúa¹, Emiliano Pertossi¹, Florencia López¹, Javier Retamales²¹Hospital Sótero del Río, Santiago, Chile, ²Complejo Asistencial Dr Sotero del Rio, Gynecology Oncology, Santiago, Chile

Introduction: Endometrial hyperplasia carries a significant risk of progression to adenocarcinoma, requiring accurate risk assessment to guide management. However, preoperative diagnostic tools and intraoperative frozen section analysis show limited sensitivity, particularly in resource-constrained public healthcare systems. To address this, we developed and validated a simplified risk score to guide selective intraoperative biopsy.

Methods: We conducted a retrospective cohort study of 241 women diagnosed with endometrial atypia across two Chilean tertiary hospitals. Using Youden's index on the principal cohort, optimal cutpoints were 52.5 years and endometrial thickness of 21.5 mm. To simplify, these were rounded to 55 years and 20 mm, assigning 1 point each to the score. Diagnostic performance of preoperative atypia, frozen section, and the 55/20 score was evaluated using sensitivity, specificity, and AUC. A cost-effectiveness analysis compared universal versus selective biopsy strategies based on the risk score.

Results: Preoperative atypia showed low diagnostic accuracy (AUC 0.47), while intraoperative biopsy demonstrated high specificity (99%) but poor sensitivity (23%). The 55/20 score improved discrimination (AUC 0.67 in development; 0.57 in validation), with high sensitivity (86%) in the validation cohort. Selective biopsy based on the score reduced per-patient costs by approximately 109,000 CLP, with an ICER of 18.6 million CLP per missed cancer.

Conclusion/Implications: The development of 55/20 risk score offers a cost-effective, sensitive strategy for selective biopsy. Prospective validation and integration of molecular or AI-based tools are needed to enhance accuracy, optimize resources, and support personalized, equitable care in real-world gynecologic oncology settings.

EP028 / #183

Topic: AS02. Clinical Disciplines / AS02a. Diagnostics & Imaging

DIAGNOSTIC ACCURACY OF GYNECOLOGIC ONCOLOGY ULTRASOUND IN THE ASSESSMENT OF TUMOR SIZE AND STROMAL INVASION IN EARLY-STAGE CERVICAL CANCER: A LOCAL EXPERIENCE

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Introduction: The purpose of this study was to determine the diagnostic value of ultrasound in measuring tumor size and depth of stromal invasion in patients with early-stage cervical cancer.

Methods: This was a prospective, cross-sectional study of patients with early-stage cervical cancer who were for radical hysterectomy. Ultrasound was done pre-operatively. Sensitivity, specificity, positive predictive value, negative predictive value, positive likelihood ratio and negative likelihood ratio were determined. Area under the curve (AUC) was used to know the overall diagnostic accuracy of ultrasound.

Results: A total of 29 patients were enrolled in the study. 6 were stage IB1 (20.68%), 10 were stage IB2 (34.48%), 9 were stage IB3 (31.03%), 2 were stage IIA1 (6.89%) and 2 were stage IIA2 (6.89%). Ultrasound showed good diagnostic accuracy to assess more than or equal to 2 cm tumor size length, width and height with AUC of 0.540, 0.579 and 0.562, respectively. It also had good ability to determine more than 1/3 depth of stromal invasion with AUC of 0.811.

| | Surgical Outcome vs Ultrasound | |
|--------------------------|--------------------------------|------------|
| | >1/3 | <1/3 |
| UTZ (N = 12, 17) | | |
| >1/3 | 11 (91.7%) | 5 (29.4%) |
| <1/3 | 1 (8.3%) | 12 (70.6%) |
| Kappa Coefficient | 0.593 | |
| Diagnostic Test | | |
| Sensitivity | 91.67% (61.52 to 99.79%) | |
| Specificity | 70.59% (44.04 to 89.69%) | |
| PPV | 68.75% (50.81 to 82.41%) | |
| NPV | 92.31% (64.19 to 98.77%) | |
| +Likelihood Ratio | 3.12 (1.46 to 6.64) | |
| -Likelihood Ratio | 0.12 (0.02 to 0.79) | |
| AUC | 0.811 | |

Table 3. Accuracy of ultrasound in measuring stromal invasion using histopathology as the reference standard

| Surgical Outcome vs Ultrasound | | |
|---------------------------------------|--------------------------|-----------|
| | >2 | ≤2 |
| Cervical Size > 2 | | |
| UTZ Length (N = 23, 6) | | |
| >2 | 21 (91.3%) | 5 (83.3%) |
| ≤2 | 2 (8.7%) | 1 (16.7%) |
| <i>Kappa Coefficient</i> | 0.098 | |
| <i>Diagnostic Test</i> | | |
| <i>Sensitivity</i> | 91.30 (71.96 to 98.93%) | |
| <i>Specificity</i> | 16.67% (0.42 to 64.12%) | |
| <i>PPV</i> | 80.77% (74.19 to 85.99%) | |
| <i>NPV</i> | 33.33% (5.12 to 82.24%) | |
| <i>+Likelihood Ratio</i> | 1.10 (0.75 to 1.60) | |
| <i>-Likelihood Ratio</i> | 0.52 (0.06 to 4.83) | |
| <i>AUC</i> | 0.540 | |
| <i>Coefficient of Variation</i> | UTZ: 22.4% SO: 39.6% | |
| UTZ Width (N = 24, 5) | | |
| >2 | 23 (95.8%) | 4 (80%) |
| ≤2 | 1 (4.2%) | 1 (20%) |
| <i>Kappa Coefficient</i> | 0.208 | |
| <i>Diagnostic Test</i> | | |
| <i>Sensitivity</i> | 95.83% (78.88 to 99.90%) | |
| <i>Specificity</i> | 20% (0.51 to 74.64%) | |
| <i>PPV</i> | 85.19% (78.64 to 89.98%) | |
| <i>NPV</i> | 50% (6.92 to 93.08%) | |
| <i>+Likelihood Ratio</i> | 1.20 (0.77 to 1.87) | |
| <i>-Likelihood Ratio</i> | 0.21 (0.02 to 2.80) | |
| <i>AUC</i> | 0.579 | |
| <i>Coefficient of Variation</i> | UTZ: 23.6% SO: 34.9% | |
| UTZ Height (N = 23, 6) | | |
| >2 | 22 (95.7%) | 5 (83.3%) |
| ≤2 | 1 (4.3%) | 1 (16.7%) |
| <i>Kappa Coefficient</i> | 0.163 | |
| <i>Diagnostic Test</i> | | |
| <i>Sensitivity</i> | 95.65% (78.05 to 99.89%) | |
| <i>Specificity</i> | 16.67% (0.42 to 64.12%) | |
| <i>PPV</i> | 81.48% (75.27 to 86.41%) | |
| <i>NPV</i> | 50% (6.77 to 93.29%) | |
| <i>+Likelihood Ratio</i> | 1.15 (0.79 to 1.66) | |
| <i>-Likelihood Ratio</i> | 0.26 (0.02 to 3.59) | |
| <i>AUC</i> | 0.562 | |
| <i>Coefficient of Variation</i> | UTZ: 22.1% SO: 37.9% | |

Table 2: Diagnostic test of surgical specimen and ultrasound

Conclusion/Implications: Ultrasonography is a good diagnostic tool to measure tumor size and depth of stromal invasion in early stage cervical cancer.

EP029 / #30

Topic: AS02. Clinical Disciplines / AS02a. Diagnostics & Imaging

SIGNIFICANCE & CLINICAL UTILITY OF 2-DEOXY-2-[18F] FLUORO-D-GLUCOSE-POSITRON EMISSION TOMOGRAPHY HIBRID IMAGING IN THE DIAGNOSIS & RESPONSE EVALUATION IN CERVIX CANCER.

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Introduction: The major risk factor for the cervical malignancy is human papillomavirus (serotypes 16 and 18). Accurate tumor staging is important for patient prognostication and optimal management. The utility & significance in assessing glucose metabolism, we investigated the role of 2-Deoxy-2- [18F] fluoro-D-glucose (18F-FDG) positron emission tomography (PET) as a biomarker to demonstrate target primary metabolically hyper active lesion (malignant).

Methods: In this retrospective designed study,81 (age 35-67yrs) patients with histopathological proven cervix cancer were recruited. For 18(F)-FDG-PET/CT imaging the patients were injected, 7-10mCi 18(F)FDG intravenously. The imaging performed after the uptake period of 45 min post injection.PET-CT imaging was acquired at 90 seconds bed position, followed by interpretation & reporting.

Results: The 18(F)FDG-PET-CT images showed SUVavg. Value of 10-56(n=81) in heterogeneously enhancing lesions both of primary and recurrence site. Around 30.86% (25/81)patients showed metastatic disease involving, liver 06.94%(05/81) (6.94%), bone 08/81(09.87%) & lung 2/81 (02.46%),serosal deposits were noted in 03.81(03.7%)pts.Post surgery residual disease was noted in 06.1% (05/81)patients. Disease free survival was noted in 19.75(16/81) pts. The additional findings comprise, 1 patients with superior vena cava obstruction syndrome. The post treatment comparison data of 18 (F) FDG-PET-CT showed partial response in 04.9% (04/81) patients and complete metabolic response in 17.28%(14/81) patients.

Conclusion/Implications: Our study show, there is good evidences that 18(F)FDG - PET/CT imaging has a excellent role in the primary evaluation of cervical cancer, in particular, for evaluating (abdomino-pelvic) lymph node status and distant metastatic disease. 18(F)FDG-PET/CT is also helpful to determine prognosis, assess treatment response, and evaluate disease recurrence.

EP030 / #285

Topic: AS02. Clinical Disciplines / AS02a. Diagnostics & Imaging

SIGNIFICANCE OF TISSUE UPTAKE MARKER; 2-DEOXY-2-[18F] FLUORO-D-GLUCOSE (GLUCOSE ANALOGUE) & POSITRON IMAGING IN THE PRE-OPERATIVE DIAGNOSIS & EVALUATION OF RESPONSE TO TREATMENT IN BREAST CANCER.

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Introduction: 18(F)-FDG- PET and CT are established imaging modalities that have been extensively validated in routine clinical practice. Greater than 95% of PET scans are performed as hybrid PET/CT studies. ¹⁸(F)-fluorodeoxyglucose-positron emission tomography/computed tomography (FDG - PET/CT) provides noninvasive metabolic and anatomic imaging.

Methods: This research study was conducted in Mahatma Gandhi Medical College, Hospital, Jaipur, India. A dose of 9-10 mCi intravenously injected to the patient & after 1 hour patients were taken on the PET-CT imaging machine for acquisition, followed by interpretation & reporting .

Results: Surgery is the main treatment of breast cancer. Out of 65 patients were examined with 18(F)FDG-PET-CT, showed average SUVmax 10-56 of heterogeneously enhancing lesion at primary site. 18(F)FDG-PET/CT, in addition to the visual interpretation of the images, maximum standardized uptake value (SUVmax), reflecting the degree of FDG uptake within a lesion (hypermetabolic cells), was also calculated. The age ranges; from 35-70 years. Local and distant metastases were observed in 28/40 (70%) patients. There was significant or complete response to chemo-immunotherapy was seen in the 24/40(60%) cases in two to seven PET-CT examination(follow-up). Modification in the staging was performed in the presence of bone, and lymph nodes metastasis. After a single pulse of chemotherapy, 18F-FDG PET was able to predict complete pathological response with a sensitivity of 90% and a specificity of 74%.

Conclusion/Implications: 18(F)(FDG) PET-CT detect breast cancer & useful in evaluation of axillary lymph nodes, distant metastasis & recurrence. FDG-PET and PET/CT have been shown to be particularly useful in the restaging of breast cancer, in evaluation of response to therapy.

EP031 / #391

Topic: AS02. Clinical Disciplines / AS02a. Diagnostics & Imaging

18(F)FDG-PET/CT IN DIAGNOSIS & TREATMENT RESPONSE EVALUATION IN OVARIAN CANCER.

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Introduction: The ovarian cancer has the highest mortality rate worldwide. The 5-year overall survival ranges between 35 and 49%. Generally, survival is very poor, because, most females present with advanced-stage disease (75%). 18(F)FDG-PET/CT and its innovative approaches has been recommended to evaluate responses to targeted therapy in ovarian cancer. CA-125 is the most promising biomarker used during management of ovarian cancer.

Methods: Total 39 cases of ovarian cancer investigated with 18(F)FDG-PET-CT imaging. 0.9-10mCi 18(F)FDG injection were given to the patients. PET-CT imaging was performed & acquired at 90 seconds bed position. Reporting was done by nuclear medicine physician.

Results: A total of 39-patients of ovarian cancer histopathologically proved were investigated. This research study revealed residual disease and metastatic deposits in 10/39 (25.64%), while 05/39 (12.82%) of patients achieved a complete response with 05.1 U/ml. Disease progression was reported in 01/39 patient, also showed CA-125: 3.50 U/ml; after chemotherapy (Paclitaxel + Carboplatin). The metastasis was observed as omental deposits 19/39 (35.89%) patients, lymph nodes 14/39 (35.89%), adnexal deposits 08/39 (20.51%), brain mets 1/39 (02.56%). Disease progression was observed in 12/39 (30.76%) patients. In our study, 1/39 (02.56%) had increase CA-125 (20.11.2024): 2060 U/ml; PET-CT imaging showed bilateral adnexal lesions with extension in residual mitotic disease. The negative post-treatment PET-CT showed longer progression-free survival and better overall survival rates. Baseline scan prior to immuno-chemotherapy proved to be crucial in monitoring treatment response apart from raised CA-125.

Conclusion/Implications: [18F]-FDG-PET/CT imaging is a highly sensitive for the evaluation of response to therapy & detecting early recurrence, metastasis & providing critical insights that may influence clinical management decisions, particularly in predicting outcomes and guiding treatment strategies in advance staged disease.

EP032 / #870

Topic: AS02. Clinical Disciplines / AS02a. Diagnostics & Imaging

FDG-PET/CT IMAGING IN THE MANAGEMENT OF ENDOMETRIAL CANCER. -OUR EXPERIENCES OF 20 CASES.

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Introduction: Endometrial cancer, is the most common type of cancer affecting the female reproductive organs. It begins in the endometrium, the inner lining of the uterus, and is characterized by abnormal growth of cells in this tissue. The treatment includes surgery, radiation therapy (external beam & Brachytherapy) and hormone therapy. The American Cancer Society, ESMO and FIGO recommends ¹⁸(F)FDG-PET/CT for the management. The aim of this study was to evaluate the diagnostic performance & usefulness of ¹⁸(F)-FDG PET/CT for the preoperative assessment of the primary disease, lymph node metastases (LNM) in endometrial cancer patients and for the assessment of endometrial cancer recurrence (ECR) after primary surgical treatment.

Methods: Whole body images were acquired 45-60 min after IV injection of ¹⁸F-FDG. CT scanning was performed using oral IV contrast. Reconstruction of the acquired data was performed to obtain fused PET-CT images (Axial, Coronal & Sagittal). FDG uptake was performed by calculating Standard Uptake Values.

Results: A total of 20 patients of biopsy-proven age ranging between 25 to 78 years of carcinoma of endometrium patients were examined pre-operatively and post-treatment evaluation of response to treatment. Progression of disease was found 05/20 (25%) patients after surgery, radiotherapy, chemotherapy (Carbaplatin & Paclitaxel injections). No evidence of disease was reported in 0.5/20 (25%), Residual disease in 2/20 (10%) patients reported with meta-chronous diseases (lung cancer 2nd was renal cell carcinoma). Complete response in 02 and significant response noticed in 02/20 (10%) patients.

Conclusion/Implications: ¹⁸(F)FDG-PET/CT is superior to conventional methods, only moderately sensitive in predicting lymph node metastasis preoperatively. The overall node-based sensitivity, specificity, and accuracy of PET/CT for detecting nodal metastases were 53.3%, 99.6%, and 97.8%, respectively.

EP033 / #621

Topic: AS02. Clinical Disciplines / AS02a. Diagnostics & Imaging

ASSESSMENT OF THE ADDED VALUE OF 18 F-FDG PET/CT TO PELVIC MRI IN STAGING CERVICAL CANCER PATIENTS

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Introduction: Cervical cancer treatment depends on the disease stage at diagnosis. The 2018 FIGO classification integrated imaging into staging. Pelvic MRI and 18F-FDG PET/CT provide anatomical and functional assessments. Given PET/CT's radiation exposure, cost, and limited availability, its routine use remains debated. This study aimed to assess the added value of PET/CT in presumed early-stage cervical cancer.

Methods: We conducted a retrospective study of clinical and imaging data of 106 consecutive women diagnosed with cervical cancer (1/2019–12/2024) at a single center. All underwent pelvic MRI and whole-body PET/CT at diagnosis. Radiological staging was reassessed using FIGO 2018, comparing MRI alone vs. MRI plus PET/CT to assess discrepancies and their impact on treatment decisions.

Results: Mean age was 53, range 27–81. Histology: adenocarcinoma in 22 (20.8%), SCC in 78 (73.6%), adenosquamous in 3 (2.8%), and other in 3 (2.8%). Adding PET/CT influenced treatment in 3 cases (2.8%): Two patients exhibited suspicious lymph nodes despite MRI findings suggesting early-stage disease. One case was confirmed as early-stage through a negative biopsy, while the other was diagnosed as positive by biopsy. One case had a pelvic lymph node enlarged on MRI, ruled out by PET/CT. Agreement between MRI and PET/CT was very high; in 97% of cases, there was no difference in treatment decisions between MRI and MRI plus PET/CT.

Conclusion/Implications: These findings question the added value of routine PET/CT in staging presumed early cervical cancer. Selective use might be appropriate when MRI findings are equivocal.

EP034 / #270**Topic:** AS02. Clinical Disciplines / AS02a. Diagnostics & Imaging**SYSTEMATIC REVIEW OF OVARIAN CANCER SERUM OR BLOOD BIOMARKERS AND THEIR DIAGNOSTIC AND PROGNOSTIC POTENTIAL**Rui Wu¹, Agnieszka Michael²¹Royal Surrey County Hospital, Guildford, United Kingdom, ²University of Surrey, Guildford, United Kingdom

Introduction: Ovarian cancer is the third most common gynaecological cancer globally, with a high mortality rate. Following the discovery of CA125, numerous serum markers have been developed. This review summarizes current evidence of their diagnostic and prognostic utility to guide future research.

Methods: Systematic reviews and meta-analyses of serum or blood biomarkers for ovarian cancer diagnosis and prognosis were included. Databases searched (January 1st 1970 to July 16th 2024) were PubMed, CINAHL Plus, EMBASE, and Web of Science Core Collection. Non-systematic reviews and non-serum markers were excluded. Outcomes were related to diagnosis and prognosis only.

Results: From 15,084 studies, 48 involving 73,401 individuals were analyzed. Biomarkers were categorized into nine types, including protein markers, nucleic acids, and inflammatory markers. CA125 showed strong sensitivity (0.845) and specificity (0.838). Genetic markers, particularly microRNA, demonstrated higher sensitivity. AMH performs well as a diagnostic marker for Granulosa cell tumour, with the osteopontin/CA125 combination also showing potential. Circulating tumour cells produced mixed prognostic results. Simple markers like neutrophil-lymphocyte and platelet-lymphocyte ratios were valid for survival outcomes.

Conclusion/Implications: This review offers the first comprehensive evidence on ovarian cancer serum biomarkers. Further studies are needed on AMH-RII for epithelial cell subtypes. CA125 remains reliable for diagnosis. Combining circulating DNA with CA125 and other markers such as Ca125, CEA, Ca199, prolactin, human growth factor, osteopontin, myeloperoxidase and TIMP showed high diagnostic value for epithelial ovarian cancer.

EP035 / #727

Topic: AS02. Clinical Disciplines / AS02c. Pathology, Cytology & Disease Pathogenesis

VAPING AND E-CIGARETTE USE: THE ASSOCIATION WITH CERVICAL DYSPLASIA

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Introduction: Vaping and e-cigarette smoking have become very popular in recent years, however the full spectrum of health impacts are not fully understood yet. An association between vaping and oral HPV infection has been described. However there is a lack of well-researched information about the impacts of vaping and e-cigarette smoking on cervical HPV and precancerous cervical changes. We aimed to investigate vape or e-cigarette usage, and correlate with HPV status and colposcopic outcomes.

Methods: This prospective cohort study collected information about the vaping, e-cigarette and cigarette usage of people attending the colposcopy unit through survey distribution. The surveys also collected further information regarding their medical history. Data regarding colposcopic outcomes were obtained from Mediscan software. Statistical analysis was performed in SPSS version 26.

Results: 8.57% of participants were current vape users, of whom 33.3% had required treatment for cervical dysplasia. 5.71% were previous vape users, and 50% had required treatment of cervical dysplasia. No participants were current or previous e-cigarette users. 22.86% were current smokers, of a mean 8.05 pack years, and 37.5% had required treatment for cervical dysplasia. 20% were ex-smokers, of a mean 4.79 pack years and none had required treatment of cervical dysplasia.

Conclusion/Implications: Up to 50% of people exposed to vapes required treatment of precancerous cervical cells, compared to 37.5% of people exposed to tobacco cigarettes. Further research is required, to fully understand the relationship between vaping and cervical dysplasia, so proper patient counselling can be done.

EP036 / #463**Topic:** AS02. Clinical Disciplines / AS02c. Pathology, Cytology & Disease Pathogenesis**ACCURACY AND ACCEPTABILITY OF SELF-COLLECTED HRHPV SAMPLES IN URBAN SETTING IN OMAN**

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Introduction: High-risk human papillomavirus (hrHPV) infection has been established as the primary cause of cervical cancer. Cervical cytology with hrHPV screening program aims to reduce incidence and mortality from cervical cancer by detecting and eradicating pre-invasive lesions. Currently there is no cervical screening program in Oman. The aim of this study was to compare HPV testing in self-collected samples and physician collected cervical samples and to assess the acceptability of self-sampling in Omani population.

Methods: Prospective cohort study of adult women attending the colposcopy clinic at SQCCRC, consent taken. Each participant provided a self-collected vaginal and urine sample and completed patient satisfaction questionnaire. The doctor collected cervical samples for HPV (GeneProof) and cytology (LBC). All women had colposcopy examination +/- biopsy.

Results: 103 women were included, median age was 44yrs, 62% were asymptomatic, 12% had abnormal vaginal bleeding and 16% had discharge and 15% had hrHPV. The self-collected vaginal swab test had the highest sensitivity (100%) with 94.4% specificity. Self-collected swab test had 100% NPV and 71.4% PPV. More than 90% of participants found self-collected samples easy to use and acceptable and 95.2% of HPV-positive women attended follow-up.

Conclusion/Implications: With incidence of cervical cancer in Oman being 2.7 per 100,000, screening has not been recommended. However, more than 60% of newly diagnosed cervical cancer patients in Oman are diagnosed at stages 3-4, therefore introduction of screening with self-collected samples is recommended. We have shown that self-collected sample is acceptable and feasible in our population. Further evaluation of self-selected samples is required

EP037 / #705

Topic: AS02. Clinical Disciplines / AS02c. Pathology, Cytology & Disease Pathogenesis

CHORIOCARCINOMA OF THE FALLOPIAN TUBE: A CASE REPORT

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Introduction: Case report Finding of choriocarcinoma of the fallopian tube

Methods: Choriocarcinoma of the fallopian tube: A case report *Background and*

objectives: Choriocarcinoma is a rare, aggressive and chemo-sensitive cancer of the female reproductive organs. Tubal choriocarcinoma accounts for 4% of all cases of choriocarcinomas. **Case report:** We present a 49 year old Para 7 who presented with a history of lower abdominal pain and vaginal bleeding. She had normal vital signs. Her abdomen had localized peritonitis in the right iliac fossa. A pelvic ultrasound examination showed a mass in the right adnexa measuring 5 x 5cm. Her hemoglobin was 11.2 g/dl and HCG 30081 IU/L. An assessment of an ectopic pregnancy was made. A 5 x 5cm solid mass extending from the right cornua of the uterus to the right fallopian tube was found. The ovaries and left fallopian tube were normal. The mass was resected and right salpingectomy was performed. A left salpingectomy was also performed for sterilization as per patient's request. Histopathology of the adnexal mass confirmed a choriocarcinoma of the right fallopian tube. She was referred to medical oncology for adjuvant chemotherapy. She received EMA/CO with good response and is currently in remission twelve months post completion of treatment. **Conclusion:** Histopathological examination is essential in cases of ectopic pregnancy to eliminate the risk of missing fallopian tube choriocarcinoma.

Results: Choriocarcinoma found on histopathology

Conclusion/Implications: Histopathological examination and follow up essential with all patients with an ectopic pregnancy

EP038 / #633**Topic:** AS02. Clinical Disciplines / AS02c. Pathology, Cytology & Disease Pathogenesis**COLPOSCOPIC-HISTOLOGIC DIAGNOSTIC AGREEMENT IN CERVICAL INTRAEPITHELIAL NEOPLASIA 2+: A FIVE-YEAR REVIEW OF COLPOSCOPIC SERVICES AT THE NATIONAL HOSPITAL ABUJA, NIGERIA COLPOSCOPIC-HISTOLOGIC DIAGNOSTIC AGREEMENT IN CERVICAL INTRAEPITHELIAL NEOPLASIA 2+: A FIVE-YEAR REVIEW OF COLPOSCOPIC SERVICES AT THE NATIONAL HOSPITAL ABUJA, NIGERIA COLPOSCOPIC-HISTOLOGIC DIAGNOSTIC AGREEMENT IN CERVICAL INTRAEPITHELIAL NEOPLASIA 2+: A FIVE-YEAR REVIEW OF COLPOSCOPIC SERVICES AT THE NATIONAL HOSPITAL ABUJA, NIGERIA**Ibrahim Yakasai^{1,2}, Rabiat Mahmoud¹, Mairami Fatima Zara³, Ol Qudus³, Humaira Danmaisoro³¹National hospital Abuja, Obstetrics And Gynaecology, Abuja, Nigeria, ²BAYERO UNIVERSITY KANO/AMINU KANO TEACHING HOSPITAL KANO, Obstetrics And Gynaecology, Kano, Nigeria, ³national hospital, Abuja, Obstetrics And Gynaecology, Abuja, Nigeria**Introduction:** Cervical cancer is the second most common female malignancy globally and in Nigeria. Colposcopy plays a crucial role in evaluating precancerous cervical lesions. In low- and middle-income countries (LMICs), limited access to pathology and follow-up challenges have promoted the “see and treat” approach. This study assessed the diagnostic accuracy of colposcopic impressions in detecting cervical intraepithelial neoplasia grade 2 or worse (CIN 2+).**Methods:** A cross-sectional review was conducted using de-identified data of patients who underwent colposcopy at the National Hospital Abuja from 2019-2024. Records with incomplete colposcopic or histologic diagnosis were excluded. Data analyzed included sociodemographics, HIV status, colposcopist experience/training, colposcopic impression, and histologic diagnosis. Analysis was performed with Stata 17. Categorical variables were compared using chi-square tests. Diagnostic agreement was assessed with Cohen’s kappa. Statistical significance was set at $p < 0.05$.**Results:** Out of 142 complete records, mean age was 46.9 years, and 17.6% were HIV-positive. Colposcopic diagnosis identified 29.6% as CIN 2+. Of 72 patients with histologic results, 29.6% were confirmed as CIN 2+. Colposcopy showed sensitivity of 85.7%, specificity 94.0%, PPV 85.7%, NPV 94.0%, and overall accuracy 91.5%. Agreement with histology was substantial (Cohen’s kappa = 0.80, $p < 0.0001$). Colposcopist experience, training, and HIV status had no significant impact on diagnostic accuracy.

Conclusion/Implications: Colposcopy demonstrated high diagnostic accuracy in identifying CIN 2+ lesions. These findings support its use in “see and treat” strategies in resource-limited settings to enhance cervical cancer prevention

EP039 / #896**Topic:** AS02. Clinical Disciplines / AS02c. Pathology, Cytology & Disease Pathogenesis**CERVICAL CANCER IN ZIMBABWEAN WOMEN IN THE AWACAN-ED STUDY:
EVALUATING THE CLINICO-PATHOLOGICAL CHARACTERISTICS AND FACTORS
INFLUENCING STAGE AT PRESENTATION IN WLWH COMPARED TO HIV
UNINFECTED WOMEN**Nigel Berverly Mataga¹, Zvavahera Chirenje², Bothwell Guzha³, Grant Murewanhema⁴¹University of Zimbabwe, Obstetrics And Gynaecology, Harare, Zimbabwe, ²University of Zimbabwe, Child, Adolescent And Women's Health, Harare, Zimbabwe, ³University of Zimbabwe, Gynaecology, Harare, Zimbabwe, ⁴University of Zimbabwe, Harare, Zimbabwe

Introduction: Cervical cancer is the commonest cancer among women in Zimbabwe and comorbid HIV tends to worsen the cervical cancer outcomes. The objectives of this study are to describe the clinico- pathological characteristics of cervical cancer and to assess the factors associated with early stage presentation of cervical cancer when comparing WLWH and HIV uninfected.

Methods: This study is a cross sectional, sub-study of the AWACAN-ED study. Inclusion criteria included women ≥ 18 years recently diagnosed with cervical cancer. The exclusion criteria; women with a previous history of cervical cancer and with an unknown HIV status. Convenience and purposive sampling was done on all patients enrolled in the main AWACAN- ED study. Data from the AWACAN-ED study REDCAP was extracted for secondary data analysis. Sample size was 210 women with 123 WLWH (58.5%) and 87 HIV uninfected (41.5%).

Results: The majority of WLWH presented at a younger age 40.65% in the age group 40-49 years compared to HIV uninfected women with majority 29.89% in the age group 60-69 years (p value <0.0001). More women educated up to tertiary level in the HIV uninfected group 5.75% as compared to WLWH 0.81% (p value <0.004). It is expected that WLWH would have more screening as they are offered at ARV refill, however it showed otherwise with 29.89% HIV uninfected women with a history of being ever screened as compared to 8.94% WLWH with a history of being ever screened (p. value <0.001). There was no difference in symptom awareness between WLWH and HIV uninfected women which was not expected because WLWH get counselled every clinic about cervical cancer.

Conclusion/Implications: It still shows that more work has to be done in Zimbabwe because WLWH are not taking the initiative to engage with cervical cancer prevention services.

EP040 / #901

Topic: AS02. Clinical Disciplines / AS02c. Pathology, Cytology & Disease Pathogenesis

PREOPERATIVE AND POSTOPERATIVE CORRELATION OF HISTOPATHOLOGICAL FINDINGS IN PATIENTS WITH ATYPICAL ENDOMETRIAL HYPERPLASIA

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Introduction: Atypical endometrial hyperplasia (AEH) is a pathological condition characterized by abnormal proliferation of endometrial glands and stroma and is considered to be a precursor lesion of endometrial cancer. The concomitance of endometrial cancer at the moment of diagnoses of AEH can be 30%. Our objectives were to assess the concordance between preoperative and postoperative histopathology of patients with atypical endometrial hyperplasia and to compare dilatation and curettage (D&C) and aspiration biopsy (AB) as best diagnosis

Methods: We performed a retrospective evaluation of records of histopathological preoperative diagnoses of AEH by endometrial sampling with those found on hysterectomy specimens between January 2015 and December 2024.

Results: A total of 195 patients were evaluated, 59% were premenopausal and 41% postmenopausal, mean age was 50 years (24 -81) and mean IMC was 33,8. In 71 (36.4%) patients the endometrial biopsy was obtained by D&C and 124 (63.5%) by aspiration. The overall concordance between endometrial sampling and hysterectomy specimen for AEH was 34,8%, the sensitivity and specificity for D&C was 89.5% and 30.2% and for AB was 90,7% and 24.5% respectively. Consequently we determined endometrial cancer in 22 (11.2%) of the patients

Conclusion/Implications: Our findings demonstrate a slight agreement between preoperative biopsy of AHE and hysterectomy independent of the method used. Lower incidence of endometrial cancer compared with literature. There are not differences between D&C and AB for final diagnoses. It is important to evaluate different variables in order to improve the selection of patient with high risk of endometrial cancer in our population

EP041 / #543

Topic: AS02. Clinical Disciplines / AS02c. Pathology, Cytology & Disease Pathogenesis

VULVA: THE HARBOUR OF HUMAN PAPILLOMAVIRUS INFECTION IN WOMEN LIVING WITH HIV

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Introduction: Our study sought to describe the distribution of human papillomavirus genotypes across the spectrum of vulvar cancer, pre-invasive lesion and normal vulva in HIV positive women.

Methods: This was a comparative cross-sectional study. 161 participants were recruited from two academic hospitals in Pretoria between April 2023 and December 2024. Biopsies were taken from 61 women with cancer: one from the invasive site and the second biopsy from adjacent VIN lesion, 60 women with VIN and soft Rover[®] Orcellex[®] brush was used to swab the vulva of 60 women with grossly normal vulva. p16^{INK4a}, ki-67 and p53 Immunohistochemistry stains were carried out on each biopsy as surrogate markers for HPV. The HPV genotyping was done using the Anyplex II HPV28 Assay (Seegene)

Results: There was no significant difference in the mean age of women with vulvar cancer as compared to those with VIN lesion, 43.8±9.0 vs 44.5±8.1, p 0.6. Median CD4 count was not statistically different across the three groups (516 vs 476 vs 560, p 0.9). More than 80% of the samples were positive for p16 and ki-67 dual stain immunohistochemistry. HPV was positive in all the vulvar lesions while 85.4% of those without vulvar disease were positive for HPV. The median number of HPV types per site (invasive site = 5 (IQR:3-8), adjacent non-invasive site = 6 (IQR:4-8), VIN lesion = 7 (IQR:4-10), normal site = 2 (1-4)).

Table: Immunohistochemical characteristics and HPV genotypes across invasive, pre-invasive and normal vulvar

| | Vulvar cancer | | VIN lesion | Normal vulva | | | | |
|----------------------------|---------------|----------------------------|------------|------------------|-----------|------------------|-----------|------------------|
| | Invasive site | Adjacent non-invasive site | | | | | | |
| p16^{INK4a} | | | | | | | | |
| Pos | 52 (85.3) | 43 (75.4) | 46 (80.7) | | | | | |
| Neg | 9 (14.7) | 14 (24.6) | 11 (19.3) | | | | | |
| Ki 67 | | | | | | | | |
| Pos | 52 (85.3) | 43 (75.4) | 46 (80.7) | | | | | |
| Neg | 9 (14.7) | 14 (24.6) | 11 (19.3) | | | | | |
| P53 | | | | | | | | |
| Aberrant | 1 (1.7) | 1 (1.7) | 1 (1.8) | | | | | |
| WT | 9 (15.0) | 9 (15.0) | 26 (45.6) | | | | | |
| Not done | 50 (83.3) | 50 (83.3) | 30 (52.6) | | | | | |
| HPV Genotypes | | | | | | | | |
| | Neg | Pos | Neg | Pos | Neg | Pos | Neg | Pos |
| 16 | 8 (13.1) | 53 (86.9) | 9 (14.8) | 52 (85.2) | 4 (6.7) | 56 (93.3) | 39 (70.9) | 16 (29.1) |
| 18 | 51 (83.6) | 10 (16.4) | 53 (86.9) | 8 (13.1) | 46 (76.7) | 14 (23.3) | 49 (89.1) | 6 (10.9) |
| 26 | 59 (96.7) | 2 (3.3) | 57 (93.4) | 4 (6.6) | 60 (100) | 0 (0) | 51 (92.7) | 4 (7.3) |
| 31 | 53 (86.9) | 8 (13.1) | 55 (90.2) | 6 (9.8) | 56 (93.3) | 4 (6.7) | 54 (98.2) | 1 (1.8) |
| 33 | 31 (50.8) | 30 (49.2) | 29 (47.5) | 32 (52.5) | 31 (51.7) | 29 (48.3) | 45 (81.8) | 10 (18.2) |
| 35 | 48 (78.7) | 13 (21.3) | 47 (77.1) | 14 (22.9) | 47 (78.3) | 13 (21.7) | 45 (81.8) | 10 (18.2) |
| 39 | 55 (90.2) | 6 (9.8) | 58 (95.1) | 3 (4.9) | 57 (95.0) | 3 (5.0) | 51 (92.7) | 4 (7.3) |
| 45 | 57 (93.4) | 4 (6.6) | 57 (93.4) | 4 (6.6) | 53 (88.3) | 7 (11.7) | 53 (96.4) | 2 (3.6) |
| 51 | 55 (90.2) | 6 (9.8) | 54 (88.5) | 7 (11.5) | 52 (86.7) | 8 (13.3) | 51 (92.7) | 4 (7.3) |
| 52 | 49 (80.3) | 12 (19.7) | 42 (68.9) | 19 (31.1) | 48 (80.0) | 12 (20.0) | 45 (81.8) | 10 (18.2) |
| 53 | 45 (73.8) | 16 (26.2) | 50 (82.0) | 11 (18.0) | 42 (70.0) | 18 (30.0) | 47 (85.5) | 8 (14.5) |
| 56 | 47 (77.0) | 14 (23.0) | 52 (85.3) | 9 (14.7) | 46 (76.7) | 14 (23.3) | 46 (83.6) | 9 (16.4) |
| 58 | 48 (78.7) | 13 (21.3) | 47 (77.1) | 14 (22.9) | 47 (78.3) | 13 (21.7) | 43 (78.2) | 12 (21.8) |
| 59 | 58 (95.1) | 3 (4.9) | 60 (98.4) | 1 (1.6) | 51 (85.0) | 9 (15.0) | 54 (98.2) | 1 (1.8) |
| 66 | 50 (82.0) | 11 (18.0) | 52 (85.2) | 9 (14.8) | 42 (70.0) | 18 (30.0) | 50 (90.9) | 5 (9.1) |

| | | | | | | | | |
|----|-----------|--------------|--------------|--------------|--------------|--------------|--------------|-------------|
| 68 | 48 (78.7) | 13 (21.3) | 45 (73.7) | 16 (26.3) | 45 (75.0) | 15 (25.0) | 50 (90.9) | 5 (9.1) |
| 69 | 56 (91.8) | 5 (8.2) | 55 (90.2) | 6 (9.8) | 56 (93.3) | 4 (6.7) | 54 (98.2) | 1 (1.8) |
| 73 | 51 (83.6) | 10 (16.4) | 51 (83.6) | 10 (16.4) | 58 (96.7) | 2 (3.3) | 52 (94.6) | 3 (5.5) |
| 82 | 42 (68.8) | 19 (31.2) | 38 (62.3) | 23 (37.7) | 53 (88.3) | 7 (11.7) | 47 (85.5) | 8 (14.5) |
| 6 | 38 (62.3) | 23 (37.7) | 39 (63.9) | 19 (31.1) | 26 (43.3) | 34 (56.7) | 51 (92.7) | 4 (7.3) |
| 11 | 47 (77.0) | 14 (23.0) | 42 (68.9) | 19 (31.1) | 34 (56.7) | 26 (43.3) | 53 (96.4) | 2 (3.6) |
| 40 | 50 (82.0) | 11 (18.0) | 50 (82.0) | 11 (18.0) | 44 (73.3) | 16 (26.7) | 49 (89.1) | 6 (10.9) |
| 42 | 46 (75.4) | 15 (24.6) | 44 (72.1) | 17 (27.9) | 35 (58.3) | 25 (41.7) | 51 (92.7) | 4 (7.3) |
| 43 | 55 (90.2) | 6 (9.8) | 54 (88.5) | 7 (11.5) | 43 (71.7) | 17 (28.3) | 49 (89.1) | 6 (10.9) |
| 44 | 52 (85.2) | 9 (14.8) | 46 (75.4) | 15 (24.6) | 36 (60.0) | 24 (40.0) | 51 (92.7) | 4 (7.3) |
| 54 | 53 (86.9) | 8 (13.1) | 49 (80.3) | 12 (19.7) | 44 (73.3) | 16 (26.7) | 48 (87.3) | 7 (12.7) |
| 61 | 48 (78.7) | 13 (21.3) | 46 (75.4) | 15 (24.6) | 36 (60.0) | 24 (40.0) | 48 (87.3) | 7 (12.7) |
| 70 | 52 (85.2) | 9 (14.8) | 52 (85.3) | 9 (14.8) | 55 (91.7) | 5 (8.3) | 50 (90.9) | 5 (9.1) |

Conclusion/Implications: Our study strongly suggested that HPV might be responsible for all the vulvar dysplasia in women living with HIV

EP042 / #525

Topic: AS02. Clinical Disciplines / AS02c. Pathology, Cytology & Disease Pathogenesis

PD-1, PD-L1, AND PD-L2 EXPRESSION IN ENDOMETRIAL CANCER: ASSOCIATION WITH MISMATCH REPAIR STATUS AND CLINICAL PROFILES

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Introduction: Mismatch repair (MMR) deficiency and immune checkpoint expression play a critical role in shaping the tumor immune microenvironment and influencing therapeutic responsiveness in endometrial cancer.

Methods: A case-control study was conducted, involving 34 participants recruited between 2021 and 2023 from Hospital Canselor Tuanku Muhriz (HCTM), Universiti Kebangsaan Malaysia. The cohort included 23 endometrial cancer cases and 11 control cases. Protein expressions of PD-1, PD-L1, PD-L2, and MMR in endometrial samples were analyzed by immunohistochemistry (IHC). Associations with clinical information were further evaluated.

Results: MMR deficiency was identified in 22% of cancer cases. Among these, two cases showed isolated loss of PMS2, one case had concurrent loss of MLH1 and PMS2, one case showed loss of both MSH2 and MSH6, and one case had combined loss of PMS2 and MSH6. Expression of PD-1, PD-L1, and PD-L2 was analyzed separately in tumor cells (TC) and immune cells (IC). PD-1 expression was positive in 34.8% of TC and 43.5% of IC. PD-L1 was positive in 8.7% of TC and 26.1% of IC. PD-L2 expression was detected in 21.7% of TC and 47.8% of IC. A statistically significant association was observed only between PD-L2 expression in IC and myometrial invasion ($p = 0.0361$). No significant associations were found between MMR status and the expression of PD-1, PD-L1, or PD-L2 in either TC or IC.

Conclusion/Implications: Among the immune markers studied, only PD-L2 expressions in immune cells showed a significant association with myometrial invasion, suggesting its potential role in tumor invasion mechanisms in endometrial cancer.

EP043 / #690**Topic:** AS02. Clinical Disciplines / AS02c. Pathology, Cytology & Disease Pathogenesis**CLINICAL PRESENTATION AND TREATMENT OUTCOME OF ENDOMETROID ADENOCARCINOMA OF OVARY**Dilruba Yeasmin

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Introduction: Endometrioid adenocarcinoma of ovary are subgroups of epithelial ovarian cancer and has a different clinical entity. Current molecular studies have sought a relationship in between endometriosis and endometrioid adenocarcinoma of ovary through pathways related to oxidative stress, inflammation and hyperestrogenism. The present study aims to evaluate the clinicopathological profile and treatment outcome of endometrioid adenocarcinoma of ovary.

Methods: Clinical data and treatment outcome of 49 patients were retrospectively analyzed.

Results: Age of the patients(51%) with endometrioid adenocarcinoma of ovary was relatively young 35-44 age group. Major clinical presentations were dysmenorrhea(36.7%), abdominal distention(36.7%) and pelvic pain(24.5%). Most of the patients (75.5%) patient present with unilateral tumour,98% present with endometrioid carcinoma and most of them were high grade. 46.9% patient were in stage I- II and 42.9% patients were in stage III and IV. 49% underwent upfront surgery and 12.2 % had interval debulking surgery and others received other type of surgery. Regarding chemotherapy 16.3 % received NACT while 73.5% received adjuvant therapy. R0 surgery was done 65.3% and R1 surgery was done 24.5%. 75% patient had a complete response and 25% patient partial response. 5 year progression free survival 55.1%

Conclusion/Implications: Patients with endometrioid adenocarcinoma of ovary present mostly in early stage and had a better outcome.

EP044 / #874**Topic:** AS02. Clinical Disciplines / AS02d. Radiation Oncology**LONG-TERM EFFECTS OF BRACHYTHERAPY IN GYNEACOLOGICAL CANCER PATIENTS AT THE NSIA-LUTH CANCER CENTRE.**

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Introduction: Brachytherapy, an effective treatment for gynecological cancers, can lead to side effects. This study aims to investigate the long-term physical, sexual, and psychosocial effects of brachytherapy in gynecological cancer patients.

Methods: This is a prospective study on 72 gynecologic cancer patients who underwent brachytherapy at NSIA-LUTH Cancer Centre between March 2019 and December 2024. Data were collected via structured questionnaires adapted from EORTC QLQ-C30, sexual function scales and the NCCN distress management questionnaire.

Results: The mean age was 57.8 ± 10.2 yrs. Physical side-effects included pelvic pain (55.6%), urinary urgency (37.5%), and leg swelling (20.8%). Advanced cancer stage, Stage III and IV, and obesity were strongly associated with severe pelvic pain (OR = 4.26; $p = 0.001$, OR = 2.51; $p = 0.026$). Sexual side-effects included decreased libido (36.1%) and pain during intercourse (20.8%). Pelvic pain and widowhood significantly influenced sexual dissatisfaction (OR = 2.77; $p = 0.012$; OR = 2.59; $p = 0.031$). Psychosocial effects included anxiety (33.3%), depression (25.0%), and financial strain (43.1%). Patients with Stage III and IV cancer, and who had income $< \text{N}50,000$ had significantly higher odds of anxiety (OR = 3.35; $p = 0.006$; OR = 2.44; $p = 0.032$). Widowed patients reported significantly greater emotional distress and financial hardship ($p < 0.01$).

Conclusion/Implications: The study highlights the physical discomfort, sexual dysfunction, and psychosocial stress brachytherapy imposes, especially among patients with an advanced stage of the disease, low-income, and widowed patients. These findings underscore the need to address pain, anxiety management, financial barriers and obesity among survivors of brachytherapy.

EP045 / #944**Topic:** AS02. Clinical Disciplines / AS02d. Radiation Oncology**FACTORS IMPACTING VAGINAL DILATION COMPLIANCE POST PELVIC EXTERNAL BEAM RADIATION AND/ OR BRACHYTHERAPY**Rojine Ariani, Puja Venkat

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Introduction: Vaginal dilation (VD), through routine use of a dilator or sexual intercourse, is recommended following radiation to the pelvis to reduce the risk of vaginal stenosis. However, adherence is often suboptimal, and factors influencing compliance remain unclear. This study aims to evaluate clinical, demographic, and treatment-related factors associated with VD adherence.

Methods: We conducted a retrospective cohort study of 27 patients treated with pelvic EBRT and/or brachytherapy at a single institution. The primary outcome was patient reported VD compliance post treatment. All patients received institution specific dilator teaching/instructions. Covariates included age, race, cancer site, stage, disease status (primary/recurrent), prior therapies, concurrent therapies, menopause status, ECOG performance status, comorbidities, and reproductive history. Univariable logistic regression was used to estimate odds ratios (OR) and 95% confidence intervals (CI) for associations with VD compliance. Physician-reported composite scores of vaginal and vulvar health post-treatment were also analyzed.

Results: Overall compliance with VD was 63.0% (95% CI: 42.4–80.6%). Among evaluated covariates, only cancer site was significantly associated with compliance; patients with endometrial cancer had significantly higher odds of adherence than those with cervical or vaginal cancer (OR 20.00, 95% CI: 2.39–447.71, $p=0.01$). No other clinical or demographic variables were significantly associated with adherence.

Conclusion/Implications: Primary cancer site was the only significant predictor of VD adherence, with endometrial cancer patients more likely to comply with dilation protocols. These findings emphasize the need for site-specific survivorship interventions and counseling to improve adherence and reduce late radiation-induced vaginal toxicity.

EP046 / #865**Topic:** AS02. Clinical Disciplines / AS02d. Radiation Oncology**IMPACT OF WAIT TIME TO TREATMENT ON SURVIVAL IN CERVICAL CANCER - A POPULATION-BASED SWEGCG STUDY**

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Introduction: In 2017, the Swedish Standardisation Cancer Care programme (SSCC) of cervical cancer (CC) was introduced with defined recommended timepoints from diagnosis to treatment; ≤ 28 days for surgical treatment and ≤ 32 days for radio(chemo)therapy (RT). The primary objective was to examine the impact of wait time on survival before and after the SSCC introduction.

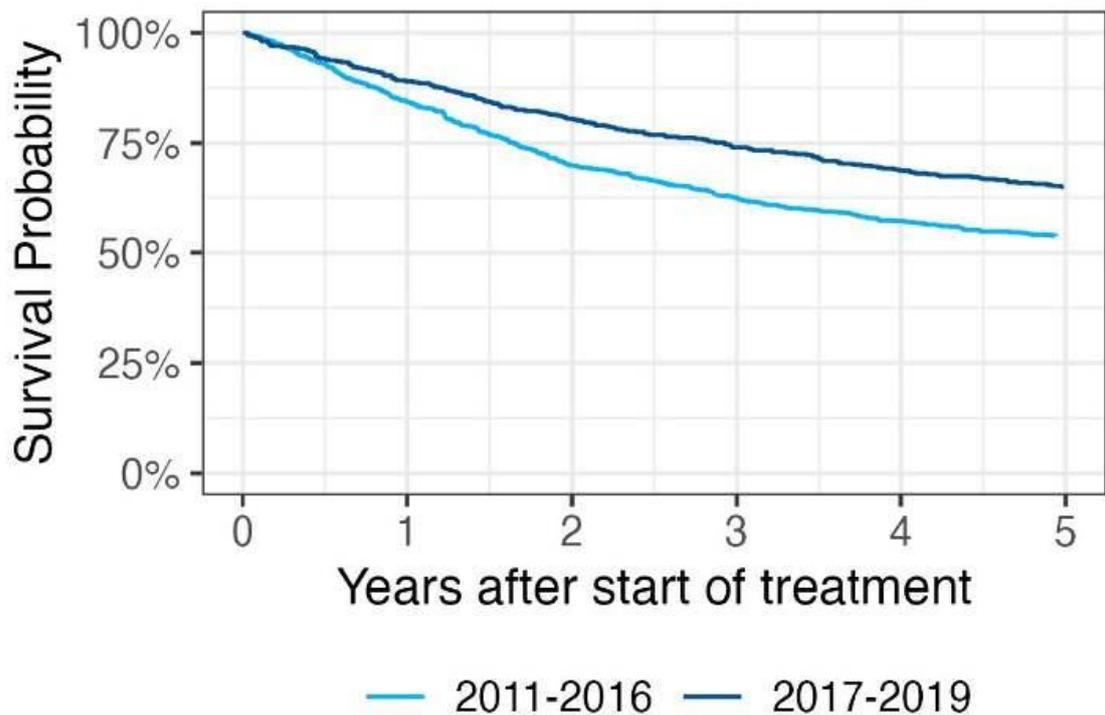
Methods: A nationwide study of the 3406 women who are registered in the Swedish Quality Register for Gynecologic Cancer and received CC treatment between 2011-2019.. The main outcomes were 5-year overall survival (OS) and excess mortality rate (EMR) before and after the SSCC introduction. Factors associated with a wait time > 28 days to surgical treatment and > 32 days to radiotherapy (RT) \pm chemotherapy will be analysed by logistic regression.

Results: In 108 (9%) of 1220 women who received RT with a curative intent, the wait time was ≤ 32 days. Overall the median wait time was 50 days. The 5-year OS increased from 54% (95%CI50.5 - 57.2) to 65% (95%CI61-70) after the SSCC introduction. EMR

and predictive factors will be further analysed. In 484 (22%) of 2186 primarily surgically treated women, the wait time was ≤ 28 days and the overall median wait time was 54 days. The 5-year OS after surgery was $>90\%$, with no difference before or after the SCC introduction.

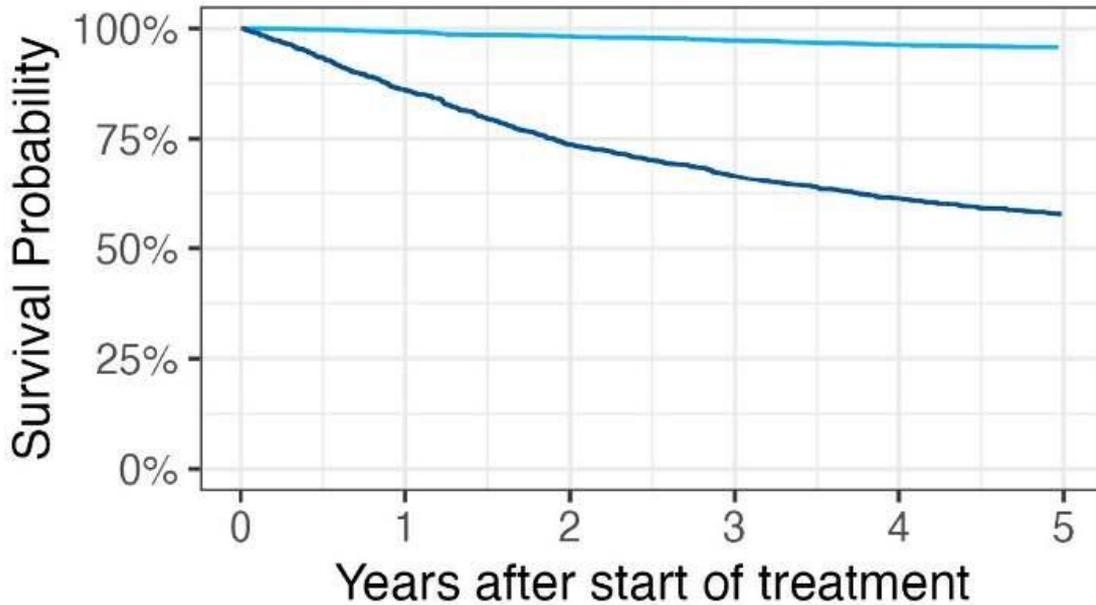
Conclusion/Implications:

Overall survival Radio(chemo)therapy



| | 2011-2016 | | | | | |
|---------|-----------|-----|-----|-----|-----|-----|
| At Risk | 847 | 714 | 591 | 527 | 481 | 452 |
| Events | 0 | 132 | 254 | 318 | 362 | 391 |
| | 2017-2019 | | | | | |
| At Risk | 464 | 412 | 371 | 341 | 316 | 296 |
| Events | 0 | 51 | 90 | 120 | 144 | 161 |

Overall survival RT vs Surgery



— Surgery only — Radio(chemo)therapy

Surgery only

| | | | | | | |
|---------|------|------|------|------|------|------|
| At Risk | 1901 | 1880 | 1858 | 1836 | 1816 | 1793 |
| Events | 0 | 15 | 34 | 52 | 71 | 80 |

Radio(chemo)therapy

| | | | | | | |
|---------|------|------|-----|-----|-----|-----|
| At Risk | 1311 | 1126 | 962 | 868 | 797 | 748 |
| Events | 0 | 183 | 344 | 438 | 506 | 552 |

A standardised cancer care program improved the wait times and survival rates for cervical cancer patients undergoing chemoradiotherapy. However, it did not affect the outcome for women with early-stage cancer who were treated primarily surgically.

EP047 / #867

Topic: AS02. Clinical Disciplines / AS02d. Radiation Oncology

A 5- YEAR SNAPSHOT AUDIT OF IMAGE GUIDED BRACHYTHERAPY (IGBRT) FOR CERVICAL CANCER FROM AN AUSTRALIAN REFERRAL CENTRE

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Introduction: The purpose of this study was to conduct an audit of an established IGBRT centre to determine any drift in management potentially impacting outcome.

Methods: Materials & Methods: A prospectively maintained brachytherapy database was queried for demographics, stage, treatment details and outcome of patients treated between 2014 and 2019.

Results: A total of 69 patients were found to have undergone MRI-based IGBRT. The median age was 47 years (28-88) with 80% having SCC, 17% AC and 2 had other histologies. FIGO (2008) stage distribution was stage I-13, II-38, III- 13 & 5 had stage 4 disease. Staging PET scan revealed 41 patients with nodal disease including 11 having para-aortic involvement. For all patients, an MDT input and target volume peer review was noted. All had EBRT+weekly cisplatin and brachytherapy. The brachytherapy dose was 24Gy/ 3#, 8Gy/week. A total of nine patients had a different dose-fractionation due to tumour anatomy. 12 patients had their TTT >8 weeks due to complications, disease progression and one for social reasons. Grade (G) 3-4 proctitis was noted in 2 patients, 5 patients had G2-4 urological toxicity, and one developed chronic pelvic pain. The median follow-up was 30 months (0-112). At last follow-up, 71% patients of this mixed cohort were alive with no disease.

Conclusion/Implications: Conclusion: The deviations noted were due to patient factors rather than of a systemic nature. Although resource intensive, regular audits of established practices provides a quality assessment opportunity and should be part of routine Quality improvement activities.

EP048 / #991

Topic: AS02. Clinical Disciplines / AS02d. Radiation Oncology

SERUM SQUAMOUS CELL CARCINOMA ANTIGEN TO ESTIMATE STAGE-BASED RISK OF LYMPH NODE INVOLVEMENT IN CERVICAL CANCER

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Introduction: Lymph node metastases (LNM) portend poor prognosis in cervical cancer and impact treatment decisions. Imaging for accurate staging has limited availability in high-incidence areas. Serum squamous cell carcinoma antigen (SCCA) is a prognostic biomarker, yet previous studies failed to identify cut-offs for LNM defined on CT or MRI. We determined if serum SCCA can estimate LNM identified on FDG-PET.

Methods: Two patient cohorts with FIGO 2009 stage I-IVA cervical cancer treated with definitive chemoradiation therapy (CRT) with pretreatment SCCA were identified; cohort 1 - retrospective with FDG-PET staging, and cohort 2 – prospective, limited resource setting without imaging. CRT included EBRT and brachytherapy with cisplatin (no pembrolizumab). Receiver operator curves (ROC) and Youden's J statistic were applied to determine optimal SCCA cut-points for LNMs. Kruskal-Wallis rank sum test was used to compare SCCA between stage groups and cohorts, Kaplan Meier curves with logistic regression compared overall survival (OS).

Results: 453 patients were identified in cohort 1, 230 from cohort 2. LNM rate was 57.6% in cohort 1, unknown in cohort 2. SCCA was significantly different in patients with LNM versus none. Though ROC and Youden's analysis identified cut-offs associated with OS in both cohorts, statistically significant and clinically meaningful cut-offs to predict LNM were not identified. Distribution of serum SCCA by FIGO 2009 stage was not significantly different between the cohorts.

| | Cohort 1 (n = 453) | Cohort 2 (n = 230) |
|--------------------------|--------------------|--------------------|
| Age (Median, IQR) | 53 (42, 62) | 46 (40, 52.75) |
| Race | | |
| White | 331 (73.07%) | 0 (0%) |
| Black | 111 (24.50%) | 161 (100%) |
| Hispanic | 4 (0.88%) | 0 (0%) |
| Asian | 7 (1.55%) | 0 (0%) |
| Histology | | |
| Adenocarcinoma | 63 (13.91%) | 7 (3.04%) |
| Squamous | 363 (80.13%) | 212 (92.17%) |
| Other | 27 (5.96%) | 11 (4.78%) |
| FIGO 2009 | | |
| Stage I | 180 (39.74%) | 23 (10.00%) |
| Stage II | 140 (30.91%) | 118 (51.30%) |
| Stage III | 110 (24.28%) | 68 (29.56%) |
| Stage IVA | 23 (5.08%) | 17 (7.39%) |
| Unknown / Missing | 0 (0.00%) | 4 (1.74%) |
| FIGO 2018 | | |
| Stage I | 88 (19.43%) | - |
| Stage II | 55 (12.14%) | - |
| Stage IIIA / Stage IIIB | 35 (7.73%) | - |
| Stage IIIC I | 150 (33.11%) | - |
| Stage IIIC II | 72 (15.89%) | - |
| Stage IVA | 53 (11.70%) | - |
| HIV | | |
| Negative | 62 (13.69%) | 58 (25.22%) |
| Positive | 2 (0.44%) | 170 (73.91%) |

| | LMN- (median, mean) | LMN+ (median, mean) | P-value |
|---------------------|---------------------|---------------------|---------|
| All Patients | | | |
| All stages | 2.4, 7.8 | 3.8, 14.7 | <0.001 |
| FIGO 2009 Stage I | 1.2, 2.9 | 2.6, 8.9 | <0.001 |
| FIGO 2009 Stage II | 2.3, 5.4 | 4.1, 10.4 | 0.052 |
| FIGO 2009 Stage III | 6.6, 22.1 | 6.2, 23.3 | 0.535 |
| FIGO 2009 Stage IVA | 5.0, 12.7 | 12.6, 32.9 | 0.298 |
| | | | |
| Serum SCCA >2.2 | 6.3, 14.8 | 8.0, 22.1 | 0.109 |
| FIGO 2009 Stage I | 6, 7.7 | 4.9, 15.2 | 0.944 |
| FIGO 2009 Stage II | 5, 10.1 | 8.5, 15.8 | 0.089 |
| FIGO 2009 Stage III | 9.2, 25.4 | 11.9, 31.8 | 0.396 |
| FIGO 2009 Stage IVA | 5.9,14.0 | 13.8, 35.4 | 0.294 |

Conclusion/Implications: Serum SCCA cutoffs for FDG-PET staged LNMs could not be identified. These findings underscore the need for further study of accessible biomarkers to guide risk stratification and resource allocation.

EP049 / #226

Topic: AS02. Clinical Disciplines / AS02d. Radiation Oncology

2.5 DIMENSIONAL BRACHYTHERAPY: BRIDGING THE GAP IN IMAGE-GUIDED BRACHYTHERAPY WITH ULTRASOUND

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Introduction: To showcase the feasibility and effectiveness of ultrasound as an alternative imaging modality for intracavitary brachytherapy in cervical cancer, particularly in resource-limited settings. By integrating ultrasound into both 2D and 3D brachytherapy workflows, this technical paper describes how this technique works to optimize tumor coverage and minimize organ-at-risk (OAR) exposure.

Methods: In both workflows, ultrasound is used to guide applicator insertion decreasing the risk of uterine perforation as well as ascertaining the position of the tandem in relation to the cervix and uterus. In the 2D workflow, ultrasound measurements of the cervix width, uterine fundus width, and tandem-to-uterine wall length guide dose modulation. An initial point A plan is created, then optimized using ultrasound measurements to adjust isodose lines. In the 3D workflow, initial ultrasound measurements are recorded during the first fraction. For subsequent fractions, the ultrasound measurement replicates the first insertion, ensuring consistent applicator positioning without requiring repeated CT scans and planning.

Results: The initial 2D plan resulted in unacceptably high bladder and rectal doses, requiring dose reduction at point A to meet safety limits. Ultrasound-planned brachytherapy achieved dose distribution comparable to CT-guided brachytherapy, ensuring adequate tumor coverage while minimizing OAR exposure. For CT-guided brachytherapy, ultrasound guidance allowed precise replication of the first insertion, reducing the need for repeated CT scans and adaptive planning.

Table 1. Comparison of ICRU Point-based and Volume-based Doses in Different Planning Modalities

| | Film-based (cGy) | Film-based Adjusted (cGy) | Ultrasound-planned (cGy) | CT-guided (cGy) |
|----------------|---------------------|---------------------------------|-----------------------------|--------------------|
| Point A1 | 697 | 486 | 523 | 505 |
| Point A2 | 734 | 513 | 552 | 527 |
| Bladder point | 604 | 410 | 491 | 482 |
| Rectal point1 | 575 | 403 | 506 | 465 |
| Rectal point2 | 723 | 493 | 620 | 589 |
| CTV-HR (D90%) | 1000 | 708 | 772 | 744 |
| Bladder (D2cc) | 855 | 635 | 639 | 618 |
| Rectum (D2cc) | 533 | 398 | 421 | 398 |

Conclusion/Implications: Ultrasound-planned brachytherapy presents a cost-effective and practical alternative to 3D image-guided brachytherapy, particularly in resource-limited settings. It ensures adequate tumor coverage, reduces OAR dose, and improves procedural efficiency, bridging the gap in cervical cancer treatment access.

EP050 / #802**Topic:** AS02. Clinical Disciplines / AS02d. Radiation Oncology**LOWER LIMB LYMPHEDEMA AFTER TREATMENT OF CERVICAL CARCINOMA AND ITS IMPACT ON QUALITY OF LIFE**Shahana Pervin

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Introduction: Background: Lower limb lymphedema following treatment of cervical cancer is a significant cause of morbidity and has a negative impact on quality of life of cancer survivor. Lymph node dissection is an integral part of cervical cancer treatment and this procedure has been associated with lymphedema development because of a disruption of the lymphatic system

Methods: This study was conducted in gynae oncology department of National Institute of Cancer Research and Hospital, to evaluate the lymphedema after treatment of cervical carcinoma and to see the impact of lymphedema on the quality of life in in treated cancer cervix patients 189 patients with lymphedema were evaluated. The International Society of Lymphology staging of lymphedema severity as a diagnostic criterion for lower limb lymphedema

Results: Lymphedema were more prevalent (74.04%) among patients underwent surgery with adjuvant radiotherapy. In 42.32% patients' bilateral pelvic lymphadenectomy was done. 40.8% patients present with numbness in lower limb followed by tightness (22.5%) and limited movement of knee (21.1%). 63% patient was anxious with their lymphedema symptom. 55% patient was depressed and sexual dysfunction was present in 35% cases

Conclusion/Implications: Lymphedema is a significant, chronic irreversible morbidity among cervical cancer survivors. Unfortunately, there is no consensus about a uniform evaluation. Standardization in lymphedema evaluation is required. Educating healthcare professionals and patients is crucial in order to detect early sign and symptoms and help patients to access the appropriate care

EP051 / #1062

Topic: AS02. Clinical Disciplines / AS02d. Radiation Oncology

TECHNICIAN PERSPECTIVES ON ADVERSE EFFECTS MANAGEMENT IN BREAST CANCER PATIENTS

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Introduction: Breast cancer patients undergoing radiotherapy often experience side effects, and radiotherapy technologists (RTTs), who have frequent patient contact, are key in identifying and managing them. This study aimed to evaluate RTTs' understanding of these side effects and their management.

Methods: We conducted a cross-sectional study among all RTTs at the Oncological Radiotherapy Department of the Salah Azaiez Institute, between March and April 2025. Participation was voluntary and anonymous. A self-administered questionnaire with multiple-choice was designed to assess RTTs' knowledge of adverse effects and their management in breast cancer radiotherapy.

Results: Eighteen out of twenty-five included RTTs completed the survey. The median age was 35 years. Experience levels were more than 10 years for nine RTTs. Fifteen respondents estimated side effects appear from the second week of treatment, while two estimated only a few days. All RTTs considered radiodermatitis to be the most frequent acute adverse event. Concerning clinical signs, nine RTTs did not consider sudden depigmentation to be suggestive of radiodermatitis. Four did not consider itching or cuttlefish desquamation to be evocative. When faced with adverse effects, six technicians reported that their role would be to reassure the patient and advise them to consult their physician, six would report the side effect to the radiotherapist, and six would do both. Only two RTTs indicated that radiotherapy treatment should be interrupted when adverse effects appeared. Regarding treatment, seventeen RTTs recommended a moisturizing or soothing cream and three a local antibiotic.

Conclusion/Implications: In conclusion, standardizing protocols and educating on side effects and management could improve care for breast cancer radiotherapy patients.

EP052 / #753

Topic: AS02. Clinical Disciplines / AS02e. Surgical Techniques & Perioperative Management

UTERINE TRANSPOSITION IS THE MAJOR STEP OF THE FERTILITY PRESERVING TREATMENT OF THE INVASIVE CERVICAL CANCER

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Introduction: The fertility preserving treatment is the priority areas in the oncology. The cervical cancer treatment is not the exclusion. All the patients who requires pelvic radiation therapy after the surgical step of treatment, lose their possibility of independent pregnancy. Therefore radical trachelectomy combined with uterine transposition is a best solution for this group of women.

Methods: In our research 18 patients with stage IB, II, IIC cervical cancer is included. The median of the age is 31.4 year old. At the first step of treatment, 2-3 courses of chemotherapy were carried out. At the second step radical trachelectomy (Piver type III) with uterus and ovarian transposition were done. The oncological stages of operation corresponded to a routine radical trachelectomy. Paraumbilically uterus transposition created conditions for performing the radiotherapy. The third step included a chemoradiotherapy. On the next step of treatment uterine reposition with utero-vaginal anastomosis was conducted.

Results: Nowadays the median observation is 21,8 months. All our patient's menses have been recovered. Today all the patients has no sign of recurrence. One of them starts the in vitro fertilization protocol.

Conclusion/Implications: The uterine transposition enhanced limits of the treatment for women with invasive cancer and makes feasible to provide an pelvic radiotherapy according to the prescribed standards. This treatment doesn't have negative affect for ovarian function and menses. No doubts, that it is very important to reasonable extending the guidelines for fertility preserving treatment in oncology.

EP053 / #635

Topic: AS02. Clinical Disciplines / AS02e. Surgical Techniques & Perioperative Management

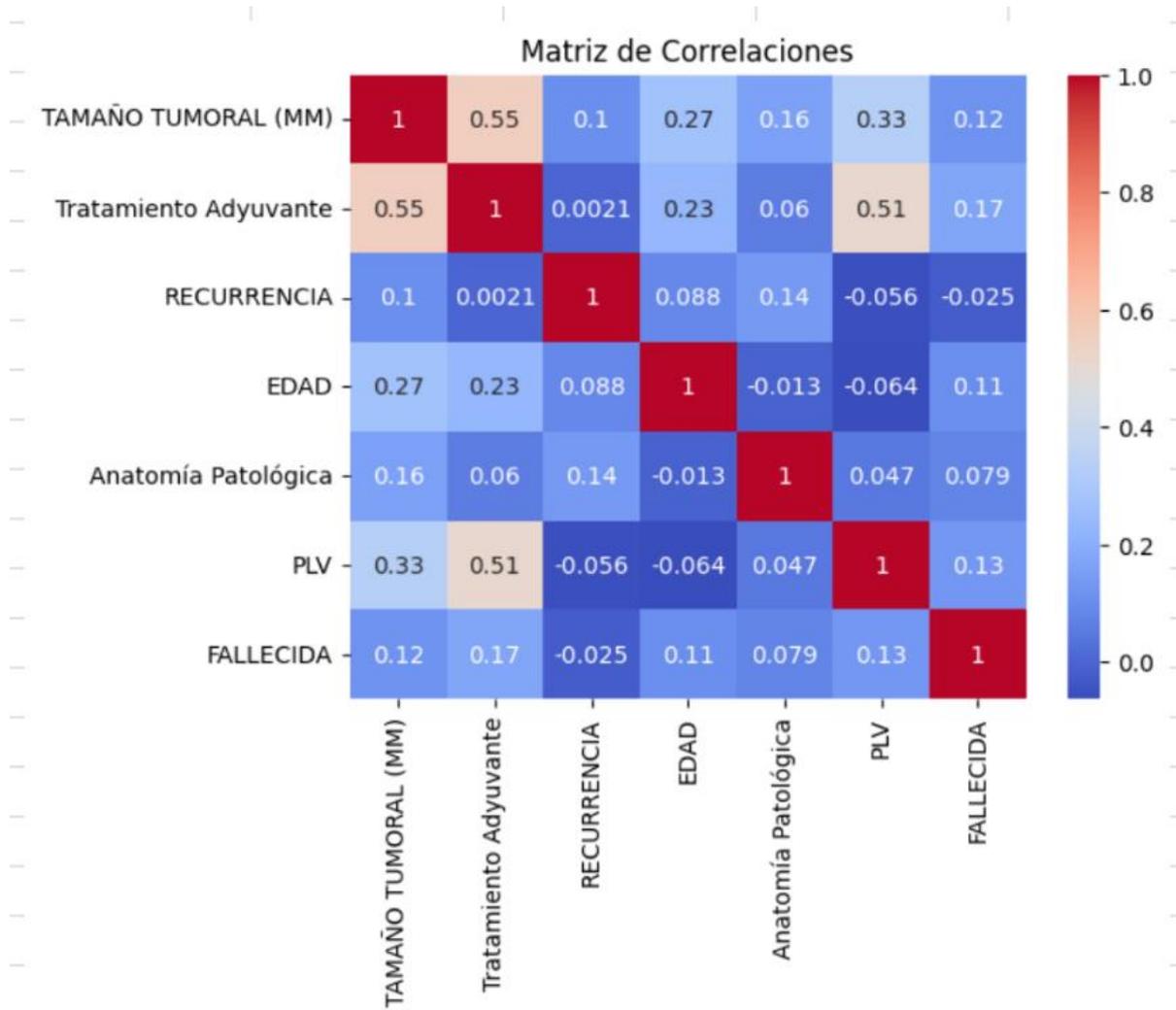
EFFECT OF PREOPERATIVE CONIZATION IN CERVICAL CANCER BEFORE RADICAL HYSTERECTOMY IN SÓTERO DEL RÍO HOSPITAL, CHILE, BETWEEN THE YEARS 2012 AND 2024

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Introduction: To evaluate the impact of performing conization prior to radical hysterectomy in relation to adjuvant, recurrence, and overall survival requirements

Methods: The database of the Hospital Sótero del Río, Santiago de Chile, between 2012 and 2024 was used, classifying them by tumor size (FIGO 2018), presence of lymphovascular permeations, recurrence, and survival. Patients who underwent a previous cervical excision procedure were selected for further analysis. Recurrence and overall survival (OS) were assessed using Kaplan Meier curves and chi2 tests were used for statistical corroboration

Results: Of a total of 70 patients, 32 (45.7%) had tumor size greater than 20 mm, 32 (45.7%) had lymphovascular invasion, 4 (5.7%) positive pelvic lymph nodes, 3 of which had tumor size greater than 20 mm, the last one was adenocarcinoma-type histology. After the stratification of the factors to be measured, of the patients who required adjuvant, this depends on tumor size, presence of lymphovascular permeations and age, being statistically significant, $p < 0.01$. The overall survival rate is directly proportional to these same factors.



| | Coef. | Std.Err. | z | P> z | [0.025 | 0.975] |
|---------------------|-----------|-----------|-------------|-------------|------------|----------|
| const | -7.88697 | 2.60374 | -3.02909 | 0.00245288 | -12.9902 | -2.78374 |
| CategTamaño | 2.9416 | 0.875077 | 3.36153 | 0.000775113 | 1.22648 | 4.65672 |
| PLV | 2.94784 | 0.931101 | 3.16597 | 0.00154564 | 1.12292 | 4.77277 |
| EDAD | 0.0938575 | 0.0428213 | 2.19184 | 0.0283907 | 0.00992941 | 0.177786 |
| RECURRENCIA | -0.676844 | 1.82783 | -0.3703 | 0.711159 | -4.25932 | 2.90563 |
| FALLECIDA | 22.8592 | 356765 | 6.40734e-05 | 0.999949 | -699224 | 699270 |
| Anatomía Patológica | -0.547993 | 0.925719 | -0.591964 | 0.553874 | -2.36237 | 1.26638 |

Conclusion/Implications: In patients undergoing radical hysterectomy, preoperative cervical excision does not modify the risk factors that have been known for several years. The next step will be to correlate with patients without previous conization, with few patients given the local protocols, to evaluate what has been indicated in the literature in this regard, having as a hypothesis that it is not this in itself, but the factors evaluated in this study.

EP054 / #545

Topic: AS02. Clinical Disciplines / AS02e. Surgical Techniques & Perioperative Management

INTRAOPERATIVE MARGIN ASSESSMENT IN EXTRAMAMMARY PAGET DISEASE OF THE VULVA: ACCURACY AND IMPACT ON SURGICAL OUTCOMES

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Introduction: Extramammary Paget disease of the vulva (EMPDV) is a rare intraepithelial malignancy with high recurrence rates, often due to microscopic spread beyond clinically visible margins. This study evaluates the effectiveness of intraoperative frozen section analysis in predicting final margin status and its impact on recurrence.

Methods: Retrospective analysis of women treated with surgical excision for EMPDV at our institution from January 2014 to December 2024. Intraoperative frozen section evaluation of surgical margins was performed in 55 patients (83.3%). Definitive histopathologic margin status and recurrence-free survival were analyzed.

Results: Among the 55 patients who underwent intraoperative assessment, 37 (67.3%) had microscopically positive margins requiring further excision. Despite intraoperative re-excisions, 67.6% of these patients still had positive margins on final pathology. Notably, even among the 18 patients with negative intraoperative margins, 72.2% had positive margins on definitive histology. The difference in final margin positivity between these two subgroups was not statistically significant ($p=0.7$). Overall, 69.1% of patients in the intraoperative assessment group and 54.5% in the non-assessed group had positive margins at final pathology, with no significant difference between the groups ($p=0.3$). Recurrence occurred in 24 of 66 patients (36.4%) of the whole study cohort, with 58.3% of recurrences developing at the site of previous surgical intervention. Median disease-free survival was 61.5 months.

Conclusion/Implications: Intraoperative margin evaluation does not significantly reduce the rate of positive final margins in vulvar EMPD. These findings suggest a limited predictive value of frozen sections in this setting, reinforcing the need for wide excision at the time of surgery.

EP055 / #956

Topic: AS02. Clinical Disciplines / AS02e. Surgical Techniques & Perioperative Management

COMPLEX ONCOLOGIC CARE IN THE OUTPATIENT SETTING: 8 YEARS OF GYNECOLOGIC SURGERY AT THE JOSIE ROBERTSON SURGICAL CENTER

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Introduction: The increased utilization of minimally invasive surgical (MIS) techniques and evidenced-based surgical recovery pathways has allowed many gynecologic surgeries to be performed in an outpatient setting. We describe the eight-year experience of patients who underwent gynecologic surgery at the Memorial Sloan Kettering Josie Robertson Surgery Center (JRSC), an outpatient surgical pavilion.

Methods: All patients who underwent gynecologic surgery at JRSC from January 5, 2016, to April 17, 2024, were identified. Patients who have surgery at JRSC are selected based on established criteria including anticipated stay of ≤ 23 hours, having medical comorbidities that do not require immediate inpatient evaluation and monitoring, and not anticipated to require a blood transfusion. We described number of procedures performed as well as demographics and features of the procedures. We also report on the incidence of each adverse event. Appropriate statistical tests were utilized.

Results: A total of 9538 gynecologic procedures representing 8555 unique patients were performed. Demographics and case breakdown are shown in Tables 1 and 2. The most common procedure performed was MIS hysterectomy \pm bilateral salpingo-oophorectomy (39%, 3648 procedures). Radical procedures such as radical hysterectomy, trachelectomy, and ovarian cancer debulking comprised 4.1% of operations (394 procedures). Median operative time was shortest for hysteroscopy or dilation and curettage procedures (14 minutes) and longest for radical hysterectomy or trachelectomy (162 minutes). The rates of adverse outcomes were low and are displayed in Table 3.

Table 1. Patient characteristics by procedure group at the time of their first procedure. Data are presented as median (quartiles) and frequency (%).

| Characteristic | CKC or LEEP N = 541 | Hysteroscopy, D&C N = 1,692 | Vulvectomy ± inguinal LND N = 497 | MIS hysterectomy ± BSO, ± LND N = 3,648 | MIS debulking N = 282 | Myomectomy N = 38 | MIS BSO or ovarian cystectomy N = 1,985 | MIS radical hysterectomy or MIS trachelectomy N = 112 | Other N = 743 |
|---|------------------------|--------------------------------|--------------------------------------|--|--------------------------|----------------------|--|--|------------------|
| Age | 37 (31, 48) | 54 (46, 64) | 62 (52, 70) | 57 (49, 66) | 33 (29, 39) | 40 (34, 46) | 50 (42, 59) | 52 (42, 63) | 55 (40, 67) |
| BMI ¹ | 24 (21, 28) | 27 (23, 33) | 27 (23, 32) | 29 (24, 34) | 24 (22, 29) | 25 (22, 29) | 26 (22, 30) | 28 (24, 32) | 25 (22, 31) |
| Race | | | | | | | | | |
| White | 343 (68%) | 1,046 (75%) | 321 (84%) | 2,579 (78%) | 180 (69%) | 18 (47%) | 1,537 (80%) | 73 (72%) | 493 (79%) |
| Asian or Indian | 73 (15%) | 127 (9.1%) | 18 (4.7%) | 269 (8.1%) | 37 (14%) | 8 (21%) | 142 (7.4%) | 11 (11%) | 45 (7.2%) |
| Black or African American | 31 (6.2%) | 113 (8.1%) | 17 (4.4%) | 204 (6.2%) | 19 (7.3%) | 4 (11%) | 91 (4.7%) | 2 (2.0%) | 43 (6.9%) |
| Native American, Hawaiian or Pacific Islander | 2 (0.4%) | 1 (<0.1%) | 1 (0.3%) | 6 (0.2%) | 0 (0%) | 0 (0%) | 0 (0%) | 0 (0%) | 1 (0.2%) |
| Unknown | 54 (11%) | 109 (7.8%) | 27 (7.0%) | 259 (7.8%) | 25 (9.6%) | 8 (21%) | 158 (8.2%) | 16 (16%) | 44 (7.0%) |
| ASA Score 3-4 ¹ | 73 (15%) | 515 (37%) | 181 (47%) | 1,354 (41%) | 39 (15%) | 3 (7.9%) | 695 (36%) | 33 (33%) | 264 (42%) |

¹5 patients were missing BMI, and 9 patients were missing ASA.

ASA, American Society of Anesthesiologists. BMI, body mass index. BSO, bilateral salpingo-oophorectomy. CKC, cold knife cone. D&C, dilation and curettage. LEEP, loop electrosurgical excision procedure. LND, lymph node dissection. MIS, minimally invasive surgery.

Table 2. Procedure characteristics by procedure group. Data are presented as median (quartiles) and frequency (%).

| Characteristic | CKC or LEEP N = 541 | Hysteroscopy, D&C N = 1,692 | Vulvectomy ± inguinal LND N = 497 | MIS Hysterectomy ± BSO, ± LND N = 3,648 | MIS Debulking N = 282 | Myomectomy N = 38 | MIS BSO or ovarian cystectomy N = 1,985 | MIS radical hysterectomy or MIS trachelectomy N = 112 | Other N = 743 |
|-----------------------------|------------------------|--------------------------------|--------------------------------------|--|--------------------------|----------------------|--|--|------------------|
| Robot-assisted surgery | N/A | N/A | N/A | 3,327 (91%) | 163 (58%) | 27 (71%) | 380 (19%) | 108 (96%) | 103 (14%) |
| Operative time (minutes) | 19 (11, 27) | 14 (10, 22) | 32 (21, 53) | 114 (93, 142) | 84 (63, 108) | 123 (79, 180) | 51 (36, 77) | 162 (134, 198) | 35 (19, 64) |
| Patient stayed overnight | 3 (0.6%) | 10 (0.6%) | 35 (7.0%) | 2,023 (55%) | 30 (11%) | 16 (42%) | 142 (7.2%) | 71 (63%) | 56 (7.5%) |
| PACU length of stay (hours) | 2 (2, 3) | 2 (2, 3) | 2 (2, 3) | 15 (6, 20) | 4 (3, 5) | 7 (5, 19) | 4 (3, 5) | 16 (6, 20) | 3 (2, 4) |

BSO, bilateral salpingo-oophorectomy. CKC, cold knife cone. D&C, dilation and curettage. LEEP, loop electrosurgical excision procedure. LND, lymph node dissection. MIS, minimally invasive surgery. N/A, not applicable. PACU, post-anesthesia care unit.

Table 3. Adverse postoperative events by procedure group. Data are presented as n (%).

| Characteristic | CKC or LEEP N = 541 | Hysteroscopy, D&C N = 1,692 | Vulvectomy ± inguinal LND N = 497 | MIS Hysterectomy ± BSO, ± LND N = 3,648 | MIS Debulking N = 282 | Myomectomy N = 38 | MIS BSO or ovarian cystectomy N = 1,985 | MIS radical hysterectomy or MIS trachelectomy N = 112 | Other N = 743 |
|--|------------------------|--------------------------------|--------------------------------------|--|--------------------------|----------------------|--|--|------------------|
| Main hospital transfer | 0 (0%) | 1 (<0.1%) | 1 (0.2%) | 31 (0.8%) | 2 (0.7%) | 2 (5.3%) | 7 (0.4%) | 3 (2.7%) | 8 (1.1%) |
| Resurgery in PACU | 1 (0.2%) | 0 (0%) | 1 (0.2%) | 2 (<0.1%) | 0 (0%) | 0 (0%) | 1 (<0.1%) | 0 (0%) | 0 (0%) |
| UCCs within 30 days | | | | | | | | | |
| 0 | 507 (94%) | 1,667 (99%) | 476 (96%) | 3,435 (94%) | 270 (96%) | 35 (92%) | 1,935 (97%) | 104 (93%) | 703 (95%) |
| 1 | 31 (5.7%) | 24 (1.4%) | 17 (3.4%) | 188 (5.2%) | 10 (3.5%) | 3 (7.9%) | 41 (2.1%) | 8 (7.1%) | 32 (4.3%) |
| 2+ | 3 (0.6%) | 1 (<0.1%) | 4 (0.8%) | 25 (0.7%) | 2 (0.7%) | 0 (0%) | 9 (0.5%) | 0 (0%) | 8 (1.1%) |
| Readmission within 30 days | 10 (1.8%) | 13 (0.8%) | 14 (2.8%) | 80 (2.2%) | 3 (1.1%) | 1 (2.6%) | 22 (1.1%) | 1 (0.9%) | 43 (5.8%) |
| Resurgery after discharge within 30 days | 1 (0.2%) | 0 (0%) | 1 (0.2%) | 0 (0%) | 0 (0%) | 0 (0%) | 1 (<0.1%) | 0 (0%) | 0 (0%) |

BSO, bilateral salpingo-oophorectomy. CKC, cold knife cone. D&C, dilation and curettage. LEEP, loop electrosurgical excision procedure. LND, lymph node dissection. MIS, minimally invasive surgery. N/A, not applicable. PACU, post-anesthesia care unit. UCC, urgent care center.

Conclusion/Implications: Large volume and complex gynecologic surgery can be performed safely in an outpatient setting with excellent patient outcomes.

EP056 / #601

Topic: AS02. Clinical Disciplines / AS02e. Surgical Techniques & Perioperative Management

DA VINCI SINGLE PORT IN GYNECOLOGIC ONCOLOGY: PRELIMINARY DATA OF THE FIRST ITALIAN EXPERIENCE

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Introduction: The Da Vinci single-port (SP) platform is a cutting-edge advancement in minimally invasive surgery, gaining growing acceptance among different surgical specializations. In January 2024, the Da Vinci SP has received CE mark approval, allowing it to be used in Europe by surgeon for abdominopelvic surgery and other surgical procedure. We aim to present preliminary surgical data of the first Italian experience with the new robotic platform Da Vinci SP, used to treat gynecologic malignancies.

Methods: We included all patients with a confirmed or suspected diagnosis of endometrial, cervical and ovarian cancer, submitted to radical surgery with the Da Vinci SP robotic platform. All the surgical interventions were performed in the Gynecologic Oncology Unit of “Regina Elena” National Cancer Institute of Rome, from June 2024 to April 2025 (Fig. 1).

Figure 1. Da Vinci single-port (SP) robotic surgery at the Gynecologic Oncology Unit of “Regina Elena” National Cancer Institute of Rome. (A) The Da Vinci SP robotic surgery system is performed through a single incision located at the umbilicus. (B) Da Vinci SP robot in action.

A.



B.



Results: We performed a total number of 97 surgical procedures, 68 for endometrial cancer, 19 for cervical cancer and 10 for ovarian cancer (Fig. 2A). Patients' age range from 33 and 89 years old, patients' BMI from 17.3 and 45.8. We reported one intra-operative complication and two hemoperitoneum in the 2nd and 5th post-operative days, solved with operative laparoscopy. The evaluated perioperative outcomes are

operative time, blood loss, hospital stay and Visual Analogue Scale (VAS), as reported in Fig. 2B-E.

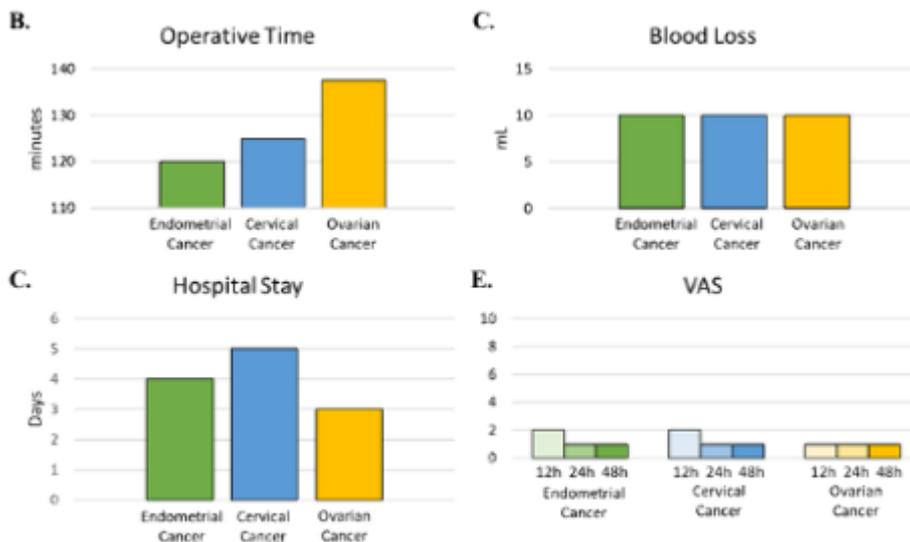
Figure 2. Study Population Composition and Data Synthesis. (A) General characteristics of study population and type of surgery performed. (B, C, D, E) Evaluation of perioperative outcomes (operative time, blood loss, hospital stay, and Visual Analogue Scale). Data are reported as median.

A.

| | Endometrial Cancer | Cervical Cancer | Ovarian Cancer |
|-------------------------------|--------------------|-----------------|------------------|
| Age (years) | 62 (56-73) | 48 (41,5-53) | 59,5 (50-66,8) |
| BMI (kg/m ²) | 27,8 (23,4-31,7) | 25 (23,5-25,8) | 22,2 (21,8-24,8) |
| Surgical Indication | | | |
| class A radical hysterectomy | 54 | 7 | |
| class B radical hysterectomy | 13 | 1 | |
| class C1 radical hysterectomy | | 1 | |
| pelvic lymphadenectomy | | 1 (recurrence) | |
| aortic lymphadenectomy | 1 (recurrence) | | |
| complete surgical staging* | | | 4 |
| partial surgical staging | | | 5 |
| colpectomy | | | 1 (recurrence) |
| total | 68 | 19 | 10 |

Data are reported as median (IQR) or number

*including hysterectomy, salpingo-oophorectomy, omentectomy, pelvic and aortic lymphadenectomy



Conclusion/Implications: Based on this initial experience, results indicate the feasibility, safety, and effectiveness of Da Vinci SP robotic platform in gynecologic oncologic surgery. Long-term, high-quality data should accrue that will demonstrate its true value.

EP057 / #668

Topic: AS02. Clinical Disciplines / AS02e. Surgical Techniques & Perioperative Management

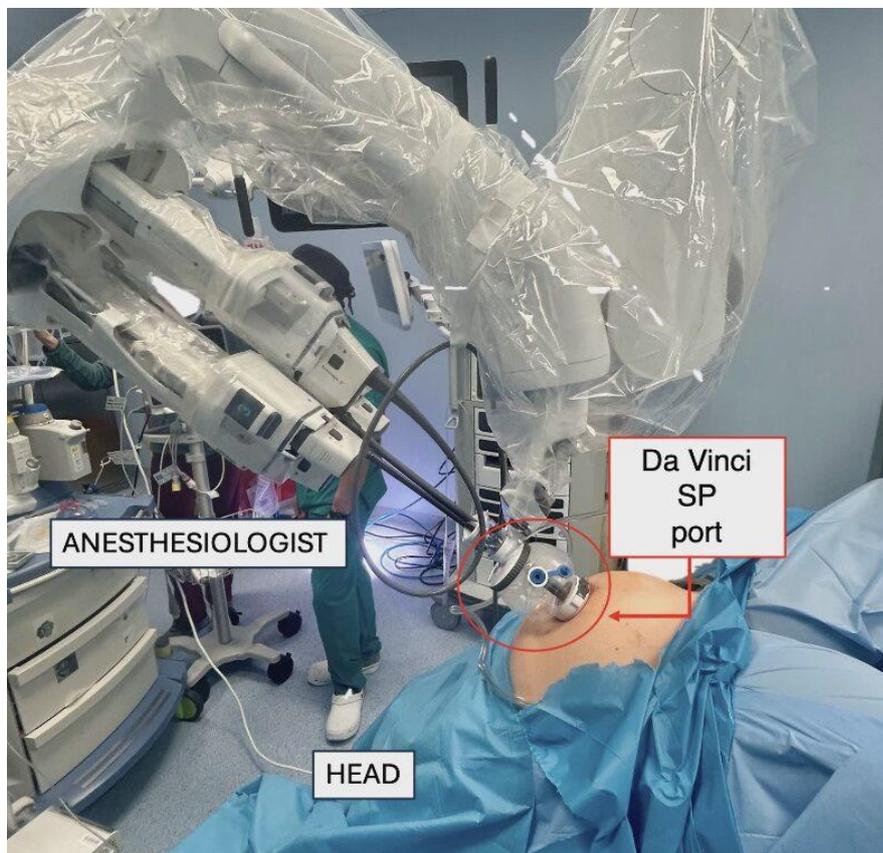
ROBOTIC SURGERY IN ENDOMETRIAL CANCER USING ROBOT DA VINCI® SINGLE-PORT (SP): A PROSPECTIVE MULTICENTER STUDY

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Introduction: Robotic Single-port (SP) surgery using Da Vinci® SP system offers an innovative minimally invasive approach. Given the scarce data in gynecologic oncology, this multicenter study prospectively evaluates the feasibility, safety, and efficacy of Da Vinci® SP specifically for endometrial cancer (EC) surgical staging.

Methods:



Consecutive EC patients undergoing Da Vinci® SP robotic surgery (June 1, 2024 - April 10, 2025) were prospectively enrolled from four Italian referral centers (Fig.1). Patient characteristics, intraoperative and postoperative complications (early [<30 days], late [≥ 30 days], Clavien-Dindo classification) were analyzed.

Results:

| Population baseline characteristics | | Intra and Post-operative data | |
|---|-----------------|---|------------------|
| Variable | Value | Variable | Value |
| Total number of patients | 101 | Docking time, min, median (IQR) | 8 (5-12.75) |
| Age, year, median (IQR) | 60 (55-72.5) | Console time, min, median (IQR) | 80 (60.5-101.75) |
| Body mass index, kg/m ² , median (IQR) | 27 (23.4-32.32) | Skin-to-skin time (min), median (IQR) | 125 (110-151.75) |
| ASA score, median (IQR) | 2 (2-2) | Estimated blood loss, mL, median (IQR) | 50 (10-50) |
| Parity, median (IQR) | 1 (0-2) | Conversion rate, n (%) | |
| Previous cesarean section, n (%) | | No | 101 (100) |
| No | 78 (77.3) | LPT | 0 (0.0) |
| Yes | 23 (22.7) | LPS | 0 (0.0) |
| Previous major abdominal surgery, n (%) | | Intra-operative complications, n (%) | |
| No | 67 (66.4) | No | 101 (100) |
| Yes | 34 (33.6) | Yes | 0 (0.0) |
| Preoperative uterine length, median (IQR) | 70 (60-80) | ICU admission, n (%) | 4 (3.9) |
| Complex atypical hyperplasia, n(%) | 8 (7.9) | Catheter removal (post-operative hours), median (IQR) | 42.5 (24-47) |
| FIGO 2023 stage, n(%) | | Drainage removal (post-operative hours), median (IQR) | 70 (64-89.5) |
| IA1 | 9 (8.9) | Time to first bowel movement (post-operative hours), median (IQR) | 25 (22-34.75) |
| IA2 | 30 (29.7) | Post-operative blood transfusion, n (%) | 2 (1.9) |
| IA3 | 0 (0.0) | Post-operative early complications, n (%) | |
| IB | 16 (15.8) | No | 90 (89.1) |
| IC | 1 (0.9) | Yes | 11 (10.9)* |
| IIA | 6 (5.9) | Post-operative late complications, n (%) | |
| IIB | 6 (5.9) | No | 98 (97.1) |
| IIC | 15 (14.8) | Yes | 3 (2.9)§ |
| IIIA | 3 (2.9) | | |
| IIIB | 2 (1.9) | | |
| IIIC1 | 5 (4.9) | | |

Clavien-Dindo classification= grade I: 6(54.5%), grade II: 3 (27.3%), grade III: 2(18.2%) § Clavien-Dindo classification= grade I: 3 (100%), ASA, American Society of Anesthesiologists; IQR, interquartile range; FIGO, International Federation of Gynecology and Obstetrics; ICU, Intensive care Unit; LPT, laparotomy; LPS, laparoscopy.

101 patients, with a median age of 60 years [interquartile range (IQR) 55-72.5] and a median BMI of 27 kg/m² (IQR, 23.4-32.32), underwent SP-robotic surgery (Fig.2). Median docking, console, and skin-to-skin times were 8 (IQR, 5-12.75), 80 (IQR, 60.5-101.75), and 125 minutes (IQR, 110-151.75), respectively. Sentinel lymph node mapping was performed in 92 patients, of whom 84.8% had successful bilateral mapping, with 8.7% empty nodes. Median blood loss was 50 ml (IQR, 10-50), with a median hemoglobin drop of 1.2 g/dL (IQR, 0.6-1.8) at 24 hours. No conversions or intraoperative complications occurred. Median pain scores (VAS) at 12-, 24-, and 48-hours post-surgery were 2, 1, and 1, respectively. Median time to discharge was 3 days (IQR, 2-4). Eleven patients experienced an early-postoperative complication, with only two being grade 3. Late-postoperative complications were recorded in 3 patients, all of grade I.

Conclusion/Implications: Da Vinci® SP surgery appears feasible for EC staging, demonstrating promising surgical efficacy and safety. Further research is warranted to confirm these preliminary findings.

EP058 / #343

Topic: AS02. Clinical Disciplines / AS02e. Surgical Techniques & Perioperative Management

WHO IS THE OPERATING SURGEON FOR COLORECTAL PROCEDURES IN GYNAEONCOLOGIC CANCER SURGERY?

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Introduction: Multi-visceral resection, particularly bowel resection, is frequently required in managing advanced gynaecologic malignancies. While international studies report improved outcomes with multi-disciplinary surgical teams(1-4) others demonstrate comparable results when bowel surgery is performed by gynaecologic oncologists (5,6). A recent 10-year audit at an Australian tertiary referral centre (Royal Brisbane and Women's Hospital) revealed a marked shift in practice, with colorectal surgeons now exclusively performing large bowel resections during gynaecologic cancer cytoreduction. This study aimed to evaluate the current status of collaboration between gynaecological oncology and colorectal surgical teams on a broader scale in Australia and New Zealand.

Methods: An anonymous online survey was distributed to members of the Australian Society of Gynaecological Oncologists, including certified specialists and trainees in Australia and New Zealand.

Results: Respondents performing a higher volume of colorectal procedures were more likely to have additional colorectal training. Most respondents independently perform small bowel repairs (83%), resections of small (72%) and large (72%) bowel mesenteric or nodal disease, and repair full thickness colonic injuries (50%). Most respondents have a colorectal colleague routinely attend to perform stoma-related procedures (64-94%) and large bowel resections (61-83%). Only 17% of respondents have access to a colorectal surgeon as a formal member of their surgical team, despite their frequent involvement.

Conclusion/Implications: The findings highlight the need to formalise relationships between gynaecological oncology and colorectal surgical teams. Multidisciplinary collaboration is vital for training future gynaecologic oncologists in complex pelvic surgery. Formalised collaboration ensures robust governance, optimised patient safety, and structured multidisciplinary support during maximal effort cytoreductive surgery (7).

EP059 / #706

Topic: AS02. Clinical Disciplines / AS02e. Surgical Techniques & Perioperative Management

PREDICTORS OF ACUTE KIDNEY INJURY AND THE RECOVERY FROM ACUTE KIDNEY INJURY AFTER HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY

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Introduction: Acute kidney injury (AKI) may result from hyperthermic intraperitoneal chemotherapy (HIPEC). However, some patients may recover from AKI. Nonetheless, little is known about the recovery from AKI, and the knowledge is important for perioperative consultation. Thus, we aimed to predict AKI and the recovery from AKI in women who underwent HIPEC.

Methods: All women who received HIPEC as the adjuvant treatment of malignancy with peritoneal metastasis in a tertiary referral center were reviewed. As sodium thiosulfate was unavailable, it was not used. AKI as defined as according to the RIFLE criteria. Logistic regression analysis and Cox proportional hazard model were used to predict the factors of AKI and affecting the recovery from AKI.

Results: A total of 42 women underwent HIPEC, and 24 (57%) women experienced AKI. During follow-up, 14 of 24 (58%) women recovered from AKI. Thus, 10 of 42 (24 %) women have different degrees of persistent AKI in their last follow-up visit, including two women who needed hemodialysis. The median recovery from AKI interval was 1.6 months (95% CI: 0.7 to 24.8 months, Table 1). The use of cisplatin-contained regimen is the sole predictor of AKI (odds ratio = 13.517, $p=0.005$), and the use of cisplatin-contained regimen has less probabilities of recovery from AKI (hazard ratio = 0.052, $p=0.002$, Table 2).

Table 1. Baseline data of women who underwent HIPEC treatment (n=42)

| Variables | Values |
|--------------------------------------|--------------------------|
| Age (years) | 61±9 |
| Body mass index (kg/m ²) | 24.5±4.4 |
| Hypertension | 17 (40) |
| Diabetes | 9 (21) |
| ECOG | |
| 0 | 22 (52) |
| 1 | 17 (40) |
| 2 | 3 (5) |
| Baseline hemoglobin (g/dL) | 11.8±1.5 |
| Baseline creatinine (mg/dL) | 0.73±0.24 |
| Primary treatment | 27 (64) |
| Recurrence treatment | 15 (36) |
| Surgical time (minutes) | 473±115 |
| Blood loss (mL) | 462±401 |
| HIPEC regimen | |
| Cisplatin | 27 (64) |
| Liposomal doxorubicin | 11 (26) |
| Others | 4 (10) |
| Cancer type | |
| Ovary | 28 (67) |
| Endometrium | 4 (10) |
| Pseudomyxoma peritoneum | 3 (7) |
| Miscellaneous | 7 (17) |
| AKI | 24 (57) |
| Recovery from AKI cases | 14 (58) |
| Recovery from AKI interval (months) | 1.6 (0.7 to 24.8 months) |
| Hemodialysis | 2 (5) |

Values are expressed mean±standard deviation, number (percentage) and median (95% percentile). AKI=Acute kidney injury; HIPEC = hyperthermic intraperitoneal chemotherapy.

Table 2. Predictor of acute kidney injury (n=42) and the recovery from acute kidney injury(n=24)

| <u>1. Predictor of AKI</u> | | | | | | | |
|--|--------------|-----------------|-------|------------|----------------------------------|--------|-------|
| Variables | Odds ratio | Univariate | | Odds ratio | Multivariable | | |
| | | 95% CI | P | | 95% CI | P | |
| Age (years) | 1.004 | 0.938 to 1.076 | 0.901 | - | - | - | |
| BMI (kg/m ²) | 0.927 | 0.800 to 1.073 | 0.309 | - | - | - | |
| Hypertension | 2.6 | 0.705 to 9.591 | 0.151 | 2.683 | 0.479 to 15.024 | 0.261 | |
| Diabetes | 3.294 | 0.594 to 18.274 | 0.173 | 4.640 | 0.412 to 52.308 | 0.214 | |
| ECOG | | | | | | | |
| 0 | 1.000 | - | - | - | - | - | |
| 1 | 1.528 | 0.416 to 5.614 | 0.523 | - | - | - | |
| 2 | 0.417 | 0.033 to 5.299 | 0.500 | - | - | - | |
| Baseline hemoglobin (g/dL) | 1.395 | 0.891 to 2.185 | 0.146 | 1.127 | 0.587 to 2.162 | 0.719 | |
| Baseline creatinine (mg/dL) | 0.158 | 0.000 to 0.946 | 0.047 | 0.002 | 1.43 x 10 ⁻⁶ to 2.400 | 0.085 | |
| Laparoscopy vs laparotomy (=1) | 1.5 | 0.390 to 5.767 | 0.555 | - | - | - | |
| Surgical time (minutes) | 1.003 | 0.997 to 1.008 | 0.343 | - | - | - | |
| Blood loss (mL) | 1.000 | 0.998 to 1.001 | 0.846 | - | - | - | |
| Cisplatin regimen | 14 | 2.951 to 66.414 | 0.001 | 13.517 | 2.172 to 84.136 | 0.005 | |
| <u>2. Predictor of the recovery from AKI</u> | | | | | | | |
| Variables | Hazard ratio | 95% CI | | P | Hazard ratio | 95% CI | |
| | | | | | | | |
| Age (years) | 1.015 | 0.960 to 1.071 | 0.602 | - | - | - | - |
| BMI (kg/m ²) | 1.078 | 0.946 to 1.228 | 0.849 | - | - | - | - |
| Hypertension | 0.496 | 0.161 to 1.527 | 0.222 | 0.496 | 0.236 to 1.812 | 0.289 | 0.289 |
| Diabetes | 0.969 | 0.297 to 3.157 | 0.958 | - | - | - | - |
| ECOG | | | | | | | |
| 0 | 1.000 | - | - | - | - | - | - |
| 1 | 1.617 | 0.508 to 5.513 | 0.416 | - | - | - | - |
| 2 | 0.802 | 0.078 to 8.198 | 0.852 | - | - | - | - |
| Baseline hemoglobin (g/dL) | 0.963 | 0.657 to 1.412 | 0.849 | - | - | - | - |
| Baseline creatinine (mg/L) | 0.015 | 0.001 to 3.198 | 0.125 | 0.003 | 4.03X10 ⁻⁶ to 2.801 | 0.097 | 0.097 |
| Laparoscopy vs laparotomy (=1) | 0.879 | 0.270 to 2.860 | 0.830 | - | - | - | - |
| Surgical time (minutes) | 1.001 | 0.996 to 1.005 | 0.832 | - | - | - | - |
| Blood loss (mL) | 0.999 | 0.997 to 1.001 | 0.402 | - | - | - | - |
| Cisplatin regimen | 0.058 | 0.009 to 0.366 | 0.002 | 0.052 | 0.008 to 0.352 | 0.002 | 0.002 |

AKI = acute kidney injury. BMI = body mass index. CI = confidence interval. ECOG = Eastern Cooperative Oncology Group. HIPEC = hyperthermic intraperitoneal chemotherapy. Multivariable analysis was performed using all variables with p < 0.25 in the univariate analysis.

Conclusion/Implications: The use of cisplatin is associated AKI in women who underwent HIPEC. However, about half of the AKI cases may recovery from their AKI with a median time interval of 1.6 months.

EP060 / #647

Topic: AS02. Clinical Disciplines / AS02e. Surgical Techniques & Perioperative Management

FEASIBILITY AND SAFETY OF ILEAL ORTHOTOPIC NEOBLADDER RECONSTRUCTION IN CERVICAL CANCER: A SINGLE INSTITUTION EXPERIENCE

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Introduction: Urinary diversion may be required in cervical cancer patients with recurrent disease or treatment-related complications. While ileal conduit is commonly used, ileal orthotopic neobladder (IONB) reconstruction may offer better quality of life in selected cases. This study aimed to evaluate the surgical feasibility, morbidity, and oncologic outcomes of IONB in cervical cancer patients.

Methods: We retrospectively reviewed the medical records of patients with cervical cancer who underwent IONB reconstruction between January 2018 and December 2024. Seven consecutive patients were identified. Clinical characteristics, perioperative data, postoperative complications, and oncologic outcomes were analyzed.

Results: The median age at surgery was 55(42-57) years, and five patients(71.4%) were initially diagnosed with advanced-stage disease(\geq III). All underwent open surgery; six(85.7%) had IONB as part of anterior pelvic exenteration. Median operative time was 385(340-675) minutes, including 135(110-220) minutes during IONB. Median estimated blood loss was 800(580-1415) mL, with 100(45-550) mL during IONB. One intraoperative vascular injury occurred. Within 30 days, infections were most common(71.4%), followed by anastomotic leakage(28.6%). Delayed complications included infections, neobladder-vaginal fistula, and tumor recurrence(each 28.6%), as well as voiding dysfunction, anastomotic leakage, and ureteral stricture(each 14.3%). One patient required conversion to an ileal conduit at 3.5 months due to neobladder failure. After a median follow-up of 20 months(11–39), five patients remained alive with no evidence of disease.

Conclusion/Implications: IONB reconstruction in cervical cancer patients is surgically feasible and can result in acceptable functional and oncologic outcomes in selected cases. However, the procedure carries a significant morbidity risk, underscoring the importance of careful patient selection and multidisciplinary management.

EP061 / #848

Topic: AS02. Clinical Disciplines / AS02e. Surgical Techniques & Perioperative Management

TREATMENT PATTERNS AND OUTCOMES IN PERINEAL PRIMARY VULVAR CANCER - A POPULATION-BASED SWEDISH COHORT STUDY

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Introduction: Choosing an oncologically safe treatment and still avoid anal sphincter damage can be challenging in vulvar squamous cell carcinoma (VSCC) located in the perineum near the anal area. There is so far no consensus on the optimal treatment of perineal VSCC, and population-based data on treatment patterns are scarce. The study aims were to describe treatment patterns, adverse events, recurrence rates and survival in comparison to the treatment modality of VSCC with a perineal location.

Methods: A population-based retrospective study at two tertiary referral hospitals and vulvar cancer centers between 2012 and 2020. Demographic and clinical data were retrieved from medical records. Progression-free survival (PFS) were calculated by Kaplan-Meier estimates.

Results: Of 571 women with VSCC 147 (26%) presented with a perineal involvement. Surgery was the only treatment in 78 women (53%). In n=34 (23%) surgery was followed by adjuvant radiotherapy (ART) because of inguinal metastasis and/or insufficient margins. Primary radiotherapy (PRT) was delivered to n=35 (24%) due to advanced disease. Postoperative vulvar complications were common (34%). ART and PRT were aligned with the highest rates of adverse events (>70%), including radiation dermatitis. Fecal incontinence was reported in 3%. After a median follow-up of 41 months, the recurrence rate was 22%. The 2-year PFS was after surgery-only 82% (95% CI:74-91), after the surgery + ART 53% (95% CI:38-73) and after PRT 31% (95% CI:19-51).

Conclusion/Implications: In women with early-stage VSCC involving the perineum, primary surgery with sufficient margins seems feasible. Optimal treatment for advanced disease requires further investigation.

EP062 / #237

Topic: AS02. Clinical Disciplines / AS02e. Surgical Techniques & Perioperative Management

ADVANCING THE HORIZONS OF ROBOTIC-ASSISTED GYNECOLOGIC SURGERY: PRECISION, EFFICIENCY, AND CLINICAL OUTCOMES WITH THE HUGO™ RAS SYSTEM

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Introduction: The Hugo™ RAS system, a modular and mobile robotic platform, presents distinct advantages over conventional systems such as da Vinci, particularly in flexibility and cost-effectiveness. This study consolidates findings from multiple investigations into the application of Hugo™ RAS in gynecologic surgery, with a focus on novel surgical techniques, optimized port placement strategies, and comparative clinical outcomes.

Methods: A series of studies were conducted at Tottori University Hospital, Japan, assessing the use of the Hugo™ RAS system in robotic-assisted total laparoscopic hysterectomy (RATLH) and other gynecologic procedures. These investigations included retrospective comparative analyses, technical descriptions of hybrid surgical approaches, and innovative port and arm placement strategies. Key parameters assessed were operative time, intraoperative blood loss, surgical precision, ergonomic efficiency, and perioperative complication rates.

Results: The adoption of the Hugo™ RAS system significantly enhanced surgical precision and workflow efficiency. A hybrid approach integrating robotics and laparoscopy minimized instrument grasping errors, stabilized camera control, and maintained operative efficiency. A novel port placement strategy improved workspace ergonomics, reducing robotic arm collisions and optimizing assistant maneuverability. In a comparative study on stage IA endometrial cancer, robotic-assisted hysterectomy with Hugo™ demonstrated shorter operative times, reduced blood loss, and fewer complications compared to conventional laparoscopic and open surgeries.

Conclusion/Implications: The Hugo™ RAS system represents a compelling alternative to traditional robotic platforms, offering enhanced surgical versatility and improved clinical outcomes in gynecologic procedures. Its modular design and cost-effectiveness may facilitate broader adoption of robotic surgery across diverse healthcare settings, ultimately expanding access to advanced minimally invasive techniques.

EP063 / #34

Topic: AS02. Clinical Disciplines / AS02e. Surgical Techniques & Perioperative Management

HYSTEROSCOPIC ENDOMETRIAL LASER ABLATION – A NOVEL APPROACH FOR PALLIATIVE MANAGEMENT OF ENDOMETRIAL CANCER IN INOPERABLE PATIENTS

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Introduction: Endometrial cancer, the most common gynecologic malignancy in developed nations, poses substantial treatment challenges, particularly in patients with significant comorbidities or advanced obesity. This manuscript introduces an innovative method that employs hysteroscopic endometrial laser ablation (HEA) as a palliative treatment for patients with endometrial cancer who were either inoperable or medically unfit for conventional therapies.

Methods: A retrospective evaluation of patients diagnosed with endometrial cancer at a tertiary center from 2019 to 2024, focusing on those who failed previous treatment options and could not undergo surgical intervention due to high surgical risk

Results: In our study, three patients with severe medical conditions—high BMI and poor performance status—underwent HEA without anesthesia, addressing symptomatic vaginal bleeding effectively. The procedure allowed for rapid treatment, minimal recovery time, and enhanced quality of life. Histological analyses post-ablation indicated satisfactory outcomes, contributing to symptom relief and stabilization of patients' conditions.

Conclusion/Implications: Our findings highlight the potential of HEA as a palliative management strategy in high-risk patient populations, emphasizing its role when conventional therapies fail. This study underscores the importance of personalized treatment plans and multidisciplinary approaches in managing endometrial cancer, paving the way for further research into the safety and efficacy of HEA in similar cohorts.

Picture-1 – Endometrial Laser Ablation for patient K.K.M. Picture A – endometrial appearance at the beginning of the procedure. Picture B – Endometrial appearance at the end of the procedure.

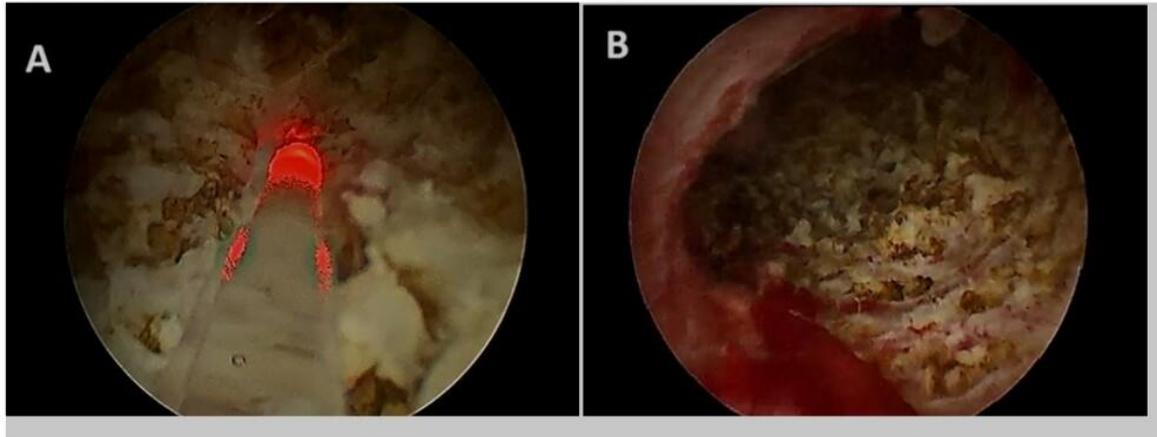


Table-2 Cases characteristics: demographic, clinical, and treatment-related factors

| Name | Age | Histology | BMI | Co-Morbidities | Use of IUD | Symptomatic Bleeding and need for blood | Time of Follow-Up |
|-------|-----|---|-----|--|------------|---|--------------------------|
| K.K.M | 69 | Endometrioid adenocarcinoma, FIGO grade 1 | 53 | Obesity, muscular dystrophy, respiratory failure, diabetes mellitus, hypertension | Yes | Yes | 18 months post treatment |
| A.K. | 67 | Endometrioid adenocarcinoma, FIGO grade 1 | 60 | Morbid obesity, type 2 diabetes, cardiac pacemaker | Yes | Yes | 58 months post treatment |
| P.R. | 75 | Endometrioid adenocarcinoma, FIGO G2 | 62 | Morbid obesity, metabolic syndrome, atrial fibrillation, hypertension, type 2 diabetes, hypothyroidism, cardiac issues | Yes | Yes | 6 months post-treatment |

EP064 / #790

Topic: AS02. Clinical Disciplines / AS02e. Surgical Techniques & Perioperative Management

OPTIMIZING LENGTH OF STAY IN PATIENTS UNDERGOING CYTOREDUCTIVE SURGERY WITH HIPEC IN GYNECOLOGY ONCOLOGY: A QUALITY IMPROVEMENT ASSESSMENT

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Introduction: Interval debulking surgery (IDS) with hyperthermic intraperitoneal chemotherapy (HIPEC) is an effective but resource-intensive treatment for advanced epithelial ovarian carcinoma (EOC). Length of hospital stay (LOS) is a key quality metric, as prolonged hospitalization is associated with increased morbidity and healthcare costs. This study aimed to evaluate factors influencing LOS in patients undergoing IDS with HIPEC.

Methods: A retrospective study was conducted on all patients undergoing IDS with HIPEC at a single tertiary center between September 2022 and October 2024. Prolonged LOS was defined as ≥ 10 days, based on Van Driel et al. Data collected included demographics, surgical parameters, and 30-day postoperative complications.

Results: Eighteen patients were included. Mean LOS was 11.0 days (range 5–28), with ICU stay averaging 2.9 days (range 1–5). Compared to those with LOS < 10 days, the nine patients with prolonged LOS had higher Peritoneal Cancer Index scores (18.9 vs. 12.2, $p=0.016$), longer operative times (11.9 vs. 9.1 hours, $p=0.011$), and more frequent splenectomy (55.6% vs. 22.2%, $p=0.082$), bowel resection (55.6% vs. 33.3%, $p=0.186$), diaphragm stripping (88.9% vs. 66.7%, $p=0.141$), and thoracic drain placement (77.8% vs. 55.6%, $p=0.173$). They had more mechanical bowel preparation (77.8% vs. 33.3%, $p=0.031$). They also had higher rates of postoperative infections (44.4% vs. 11.1%, $p=0.064$), venous thromboembolism (22.2% vs. 0%, $p=0.075$), transfusions (55.6% vs. 11.1%, $p=0.024$), and parenteral nutrition (77.8% vs. 33.3%, $p=0.031$), reflecting delayed recovery. One patient experienced an anastomotic leak (11.1% vs. 0%, $p=0.166$).

Conclusion/Implications: Prolonged LOS was associated with higher disease burden, surgical complexity, and specific perioperative practices, such as bowel preparation and parenteral nutrition. Targeting modifiable factors may help optimize recovery and reduce LOS.

EP065 / #498

Topic: AS02. Clinical Disciplines / AS02e. Surgical Techniques & Perioperative Management

IS PRESSURE OF BLUE DYE CERVICAL INJECTION ASSOCIATED WITH SENTINEL LYMPH NODE DETECTION IN ENDOMETRIAL CANCER?

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Introduction: Sentinel lymph node biopsy is a well-established and safe procedure in the treatment of endometrial cancer, with cervical injection of dye or tracer being the most commonly used technique. Several studies have investigated the impact of BMI, menopausal status, and disease stage on lymph node detection rates; however, few have explored whether increased cervical tissue density affects detection. **Objective:** To quantify cervical injection pressure during tracer administration and assess its correlation with sentinel lymph node detection rates in patients with endometrial cancer.

Methods: Patients with endometrial cancer scheduled for laparoscopic sentinel lymph node biopsy with blue dye were enrolled. Following hysterectomy, saline was reinjected into the cervix using a device attached to the syringe to measure injection pressure. This pressure was then correlated with sentinel lymph node detection rates and patient clinical data.

Results: Eighteen women were included in the study. No correlation was found between injection pressure and lymph node detection rate, nor was higher pressure observed in smaller uteri or cervixes. Deep cervical injections generated higher pressure compared to superficial ones, but medial versus lateral positioning relative to the cervical midpoint did not influence injection pressure.

Conclusion/Implications: Increased resistance during cervical dye injection was not associated with lower sentinel lymph node detection rates.

EP066 / #619

Topic: AS02. Clinical Disciplines / AS02e. Surgical Techniques & Perioperative Management

POSTOPERATIVE OPIOID USE FOLLOWING GYNECOLOGIC SURGERY: INFLUENCE OF WOUND INFILTRATION, NERVE BLOCKS, AND INTRAOPERATIVE OPIOIDS

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Introduction: Enhanced Recovery After Surgery protocols aim to reduce postoperative opioid use to promote faster recovery and reduce side effects. There is limited literature examining the combined impact of wound infiltration, regional blocks, and intraoperative opioids on postoperative opioid consumption.

Methods: We conducted a single-center retrospective cohort study of gynecologic patients undergoing major and minor surgery for benign or malignant conditions between November 2023 and December 2024. The primary outcome was the impact of regional anesthesia techniques—including wound infiltration, quadratus lumborum (QL) blocks and rectus sheath blocks—on postoperative opioid consumption. The secondary outcome evaluated the impact of intraoperative opioid dose in morphine milligram equivalents on postoperative opioid use stratified by care setting: post anesthesia care unit, inpatient ward, and discharge prescriptions.

Results: A total of 941 patients were included. Surgeries were categorized as benign (744, 79.1%) or oncologic (196, 20.9%), and by surgical approach: minimally invasive (775, 82.4%) or open (166, 17.6%). In univariate analysis, QL blocks were significantly associated with higher opioid prescriptions at discharge ($\beta = 3.1$; 95% CI: 0.76 to 5.4; $p = 0.009$). In contrast, intraoperative opioid dose was not associated with postoperative opioid consumption. In multivariate analysis, only wound infiltration was a significant predictor of reduced take-home opioid prescriptions ($\beta = -13$; 95% CI: -19 to -7.4; $p < 0.001$). Neither regional blocks nor intraoperative opioids were associated with postoperative opioid use in either group.

Conclusion/Implications: Regional anesthesia, particularly wound infiltration, is an effective opioid-sparing strategy that may enhance recovery and should be considered in gynecological pain management protocols.

EP067 / #853

Topic: AS02. Clinical Disciplines / AS02e. Surgical Techniques & Perioperative Management

AUTOLOGOUS FAT GRAFTING (AFG) FOR THE TREATMENT OF CHRONIC RADIATION-INDUCED DERMATITIS AND FIBROSIS IN THE VULVA

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Introduction: Chronic radiation-induced dermatitis and fibrosis (CRDF) is a well-recognised complication of vulval radiotherapy (RT) and is the result of oxidative stress, tissue remodelling and local immune dysregulation. Resultant symptoms include pain, xeroderma, pruritus, fissuring and limited range of motion secondary to fibrosis. When these symptoms occur in the vulva, they have the potential to significantly impact on several quality-of-life indices - including psychosexual function. As management options for CRDF remain limited, there has been growing interest in the use of autologous fat grafting (AFG) in the treatment of this condition, particularly in the setting of breast and ENT cancer. However, AFG has not yet been trialled in survivors of vulval cancer. We present here a protocol for vulval AFG following local radiotherapy.

Methods: The AFG procedure is performed under a general anaesthetic and follows a three-step process; fat harvesting, fat processing and fat reinjection (see Table 1). Donor sites comprise fat-abundant regions such as the abdomen, lateral thigh or gluteal region. An open filtration technique, based on the principles of the Coleman method is proposed and processed whole fat filtrate is reinjected into the vulva (approx.60-80ml). A standard compression girdle is sited post-procedurally to prevent haematoma/seroma formation.

Results: This technique has been successfully performed at the Mater Misericordiae University Hospital, Dublin, and will be the subject of a feasibility study to explore safety in the setting of vulval RT.

Conclusion/Implications: Vulval CRDF is a chronic condition with limited treatment options. We propose a protocol for autologous fat grafting as a potential treatment option.

| | |
|---------------------|---|
| Prophylaxis: | Pre-procedural broad spectrum antibiotic x 1 dose |
| Positioning: | Fat harvest: supine Vulval infiltration: lithotomy |
| Incisions: | Donor site: 3-4mm, No.11 blade Recipient site: 1-2mm, No.11 blade Closure: 4-0 fast-absorbing braided synthetic suture |
| Harvesting: | 1. Tumescent Local Anaesthesia (TLA): Equipment: Liposat [®] Power (Möller Medical GmbH, Germany) Infiltration cannula (2.5mm x 250ml) Solution: 1000ml Hartmann's solution Lidocaine 20ml 2% (Final conc. ~0.04%) Adrenaline 2ml 1:1,000 (Final conc. ~1:500,000) 2. Extraction: Vacusat [®] Power (Möller Medical GmbH, Germany) Fat Harvesting cannula (3.5mm x 230mm) |
| Processing: | PureGraft [®] filtration system (Bimini Health Tech, US) 10ml Luer-Lok syringe (filtrate for injection) |
| Reinjection: | Injection cannula (1.5mm x 100mm) |

Table 1: Surgical protocol for vulval autologous fat grafting

EP068 / #1079

Topic: AS02. Clinical Disciplines / AS02e. Surgical Techniques & Perioperative Management

STRENGTHENING GYNAECOLOGIC ONCOLOGY PRACTICE IN NIGERIA: APPRAISAL OF THE THREE-YEAR IGCS FELLOWSHIP TRAINING

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Introduction: Prior to 2022, there was no formal training program for gynaecologic oncology in Nigeria with patients being managed by Gynecologists with interest in oncology, until the International Gynecologic Cancer Society (IGCS) and the National Postgraduate Medical College of Nigeria (NPMCN) jointly commenced the fellowship program to address this gap by providing a post residency advanced training to enhance clinical skill, knowledge and research capabilities. We aimed to review the three-year-old fellowship program, to identify the impact on clinical skills, research outputs, knowledge and overall patient care.

Methods: We conducted a mixed method study using quantitative data from the surgical case logs entered into Research Electronic Data Capture (REDCap) and also qualitative data derived from Key Informant Interviews (KII) conducted on selected fellows-in-training and local mentors from different sites. The thematic areas were identified

Results: Seven fellows being trained by nine local mentors and twelve international mentors consisting of gynaecologic oncologists and pathologists. Overall, 481 cases have been performed, with an average of 69 per fellow. Major surgeries constituted 85%, minor 15%. Open abdominal surgeries (78.8%) vaginal (17.7%) and few laparoscopic surgeries (0.008%) all of which were diagnostic. Commonest disease site was ovary (50%). A total number of 93 ECHO sessions have been conducted with 116 cases discussed and 17 didactics. All fellows have attended a minimum of two international conferences, traveled for observerships at international mentor sites. Major challenges are limited facilities and poor spread of cases.

Conclusion/Implications: The IGCS fellowship has huge impact on clinical training, teaching, knowledge acquisition and travel awards.

EP069 / #972

Topic: AS02. Clinical Disciplines / AS02e. Surgical Techniques & Perioperative Management

THE EVOLVING ROLE OF GYNAECOLOGICAL ONCOLOGY SURGEONS BEYOND GYNAECOLOGICAL MALIGNANCIES IN THE MODERN ERA

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Introduction: Over recent decades, the Gynaecological Oncology subspeciality has undergone major changes: surgeons have tackled upper abdominal disease as part of maximal-effort ovarian cytoreductive surgeries, laterally-extended endopelvic resections (LEER) and composite pelvic exenterations have enabled “curative” procedures for previously inoperable recurrent malignancies, and we have come to play a pivotal role in managing severe placenta accreta spectrum disease. We believe that our expertise in the anatomy of the pelvis, pelvic sidewall, retroperitoneum, ischiorectal fossa and other key areas, is invaluable to the surgical management of various non-gynaecological conditions and that the role of the contemporary Gynaecological Oncology surgeon goes beyond management of gynaecological malignancies. This case series highlights our multidisciplinary surgical approach to 11 complex non-gynecological cases.

Methods: Eleven patients undergoing complex multidisciplinary surgery with Gynaecology Oncology input, between Jan 2020 and Dec 2024 were included. All surgeries were performed by a multidisciplinary surgical team, also involving Orthopaedics, Vascular, Colorectal, Urology, and Plastics specialists.

Results: Of the 11 patients, six had benign conditions (schwannoma, Chron's disease, hidradenitis suppurativa, intravenous leiomyomatosis, pubic rami osteomyelitis following necrotising fasciitis, retroperitoneal lipoma) and five had malignant tumours (adamantinoma, gastrointestinal stromal tumour, rectal adenocarcinoma, Ewing sarcoma and myxofibrosarcoma). Complete (R0) resection was achieved in all

malignant cases. Procedures included LEER, supra and infra-levator exenterations, radical excision of ischioanal fossa and retroperitoneal tumours, radical vulvectomy.

Conclusion/Implications: We conclude that Gynaecological Oncology surgeons have an essential role in the multidisciplinary management of complex non-gynaecological pathologies. We advocate for formal recognition of this expanded scope within international Gynaecological Oncology training curricula.

EP070 / #520

Topic: AS02. Clinical Disciplines / AS02e. Surgical Techniques & Perioperative Management

MULTIMODAL PREOPERATIVE OPTIMIZATION IN HIGH-COMPLEXITY GYNECOLOGIC ONCOLOGY SURGERIES: PERSPECTIVES AND OUTCOMES

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Introduction: High-complexity gynecologic oncology surgeries pose a significant challenge due to the physiological stress they induce, which can hinder patient recovery. Multimodal prehabilitation—including physical, nutritional, and emotional interventions—has the potential to optimize preoperative health and improve postoperative outcomes. However, evidence regarding its feasibility and acceptance in this patient population remains limited. This study aims to explore perceived barriers and facilitators among healthcare professionals and patients, as well as the feasibility, adherence, and acceptability of a prehabilitation program in this context.



Methods: A prospective study with cross-sectional and interventional phases was conducted at a private institution in Argentina. For this report, a qualitative cross-sectional study was performed between June and December 2024. Structured surveys based on the Consolidated Framework for Implementation Research (CFIR) were administered to 14 healthcare professionals and 26 patients to assess perceptions of prehabilitation implementation.

Results: Among patients, 96.2% perceived prehabilitation as “very useful,” especially for reducing preoperative anxiety and improving physical readiness. The most frequently

cited barriers were cost (46.2%) and transportation (30.7%). Among professionals, 57.1% identified lack of trained personnel as the main obstacle. Despite these challenges, both groups agreed that prehabilitation would likely enhance postoperative outcomes.

Conclusion/Implications: The implementation of a multimodal prehabilitation program in gynecologic oncology surgery is feasible and well accepted by both patients and healthcare providers. However, adjustments in human resources, funding, and logistics are necessary for successful integration into routine clinical practice. These findings support further research and policy development to standardize prehabilitation in oncologic surgical care.

EP071 / #763**Topic:** AS02. Clinical Disciplines / AS02e. Surgical Techniques & Perioperative Management**MULTIMODAL PREHABILITATION IN INDIAN WOMEN WITH ADVANCED OVARIAN CANCER: ENHANCING NUTRITIONAL, PSYCHOLOGICAL, AND SURGICAL RECOVERY**

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Introduction: Malnutrition is common among women with gynecologic cancers, particularly in women with advanced ovarian cancer, where it adversely impacts treatment tolerance, surgical recovery, and quality of life. The neoadjuvant chemotherapy (NACT) phase provides a unique opportunity to introduce prehabilitation interventions to improve perioperative outcomes. This study evaluates the feasibility and impact of a culturally tailored, home-based multimodal prehabilitation program on perioperative outcomes for Indian women with advanced ovarian cancer undergoing NACT.

Methods: 60 women planned for NACT were enrolled and allocated to either a prehabilitation group (n=30) or control group (n=30). The intervention included yoga-based physiotherapy, individualized nutritional counseling, and psychological support. Outcomes assessed pre- and post-NACT included body mass index (BMI), hemoglobin, serum albumin, neutrophil-to-lymphocyte ratio (NLR), platelet-to-lymphocyte ratio (PLR), skeletal muscle index (SMI), and Hospital Anxiety and Depression Scale (HADS) scores). Surgical outcomes also were compared.

Results: Both groups showed significant within-group improvements in nutritional and inflammatory markers. Between-group comparisons revealed a smaller decline in BMI (-1.29 vs -4.51; $p < 0.001$) and a greater reduction in HADS scores (-4.5 vs -1.5; $p = 0.013$) in the prehabilitation group. SMI and PG-SGA scores improved in both the groups. Hospital stay was significantly shorter in the prehabilitation group (median 4 vs. 5.5 days, $p = 0.005$), while reductions in intraoperative blood loss and postoperative complications did not reach statistical significance. Greater physiotherapy session attendance correlated with reduced BMI loss ($\rho = -0.4187$, $p = 0.022$).

Conclusion/Implications: Implementing a culturally adapted multimodal prehabilitation program is feasible and may improve short-term nutritional, psychological, and perioperative outcomes in women undergoing NACT for advanced ovarian cancer.

EP072 / #512

Topic: AS02. Clinical Disciplines / AS02e. Surgical Techniques & Perioperative Management

OPTIMISING SURGICAL CARE IN THE ELDERLY: INSIGHTS FROM A LARGE-VOLUME RETROSPECTIVE ANALYSIS

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Introduction: The elderly population of the world is rapidly rising. Surgery is the mainstay of management in gynaecological cancers. Treatment decisions in the elderly are challenging owing to comorbidities, functional decline and anticipated perioperative complications.

Methods: This retrospective study compared baseline characteristics and perioperative complications in elderly (≥ 60 years) gynaecological cancer patients with younger patients (40-60 years) operated at Tata Memorial Centre from April 2017 to March 2020. Data was collected from electronic medical records. Chi-square test and logistic regression analysis were performed using SPSSV.29.0.

Results:

COMPARISON OF BASELINE CHARACTERISTICS

| VARIABLE | TOTAL N= 1180 (%in age group) | CONTROL (<60yrs) n= 827 (%in age group) | STUDY (≥ 60yrs) n= 353 (%in age group) | P value |
|---|-------------------------------------|---|--|-------------------|
| COMORBIDITY | | | | 0.001 |
| NIL | 577 (48.9) | 454 (54.9) | 123 (34.8) | |
| 1 comorbidity | 370 (31.5) | 246 (29.7) | 124 (33.5) | |
| ≥ 2 comorbidities | 233 (19.8) | 127 (15.4) | 106 (30) | |
| PRIMARY | | | | < 0.001 |
| Ovary | 774 (65.6) | 580 (70.1) | 194 (55) | |
| Endometrium | 322 (27.3) | 188 (22.7) | 134 (38) | |
| Cervix | 67 (5.7) | 49 (5.9) | 18 (5.1) | |
| Vulva | 17 (1.4) | 10 (1.3) | 7 (2) | |
| ECOG STATUS | | | | |
| 0 | 392 (33.2) | 299 (36.2) | 93 (26.3) | 0.002 |
| 1 | 770 (65.3) | 519 (62.8) | 251 (71.1) | |
| 2 | 18 (1.5) | 9 (1.1) | 9 (2.5) | |
| ASA STATUS | | | | <0.001 |
| 1 | 514 (43.7) | 409 (49.5) | 105 (30) | |
| 2 | 606 (51.5) | 389 (47) | 216 (61.7) | |
| 3 | 57 (4.8) | 29 (3.5) | 29 (8.3) | |
| SERUM ALBUMIN (g/dl) | | | | <0.001 |
| ≤3.5 | 78 (6.6) | 40 (4.8) | 38 (10.8) | |
| >3.5 | 1100 (93.4) | 786 (95.2) | 314 (89.2) | |
| OVARIAN CANCER RESIDUAL DISEASE | | | | 0.019 |
| R0 | 580 (74) | 449 (77.4) | 131 (67.5) | |
| R1 | 95 (12.3) | 66 (11.4) | 29 (14.9) | |
| R2 | 99 (12.8) | 65 (11.2) | 34 (17.6) | 0.013 |
| INTRAOPERATIVE COMPLICATIONS | | | | 0.867 |
| NO | 1148 (97.2) | 805 (97.3) | 145 (97.3) | |
| YES | 32 (2.71) | 22 (2.7) | 10 (2.8) | |
| POSTOPERATIVE COMPLICATIONS- CLAVIEN DINDO | | | | 0.071 |
| No complications | 890 (75.4) | 631 (76.3) | 259 (73.3) | |
| Grade 2 | 216 (18.3) | 145 (17.5) | 71 (20.1) | |
| Grade 3 | 54 (4.6) | 39 (4.8) | 15 (4.3) | |
| Grade 4 | 17 (1.4) | 11 (1.3) | 6 (1.7) | |
| Grade 5 | 3 (0.25) | 1 (0.1) | 2 (0.6) | |
| 30-Day mortality | 3 (0.3) | 1 (0.1) | 2 (0.6) | 0.164 |

FACTORS ASSOCIATED WITH CLAVIEN – DINDO GRADE ≥2 COMPLICATIONS – SUBGROUP ANALYSIS

| VARIABLE | OVARY N=774 p values | | | | | | ENDOMETRIUM N=322 p values | | | | | |
|----------------------------------|-------------------------------|--------|-------|-------------------------------|-------|-------|-------------------------------|-------|-------|------------------------------|--------|-----------------------------|
| | Age < 60yrs n= 580 (74.9%) | | | Age ≥ 60yrs n= 194 (25.1%) | | | Age < 60yrs n=188 (58.4%) | | | Age ≥ 60yrs n= 134 (41.8) | | |
| | N (%) | UNI | MULTI | N (%) | UNI | MULTI | N (%) | UNI | MULTI | N (%) | UNI | MULTI |
| No or 1 comorbidity | 506 (87.2) | | | 148 (76.3) | | | 140 (74.5) | | | 79 (59) | | |
| ≥2 comorbidities | 74 (12.8) | 0.8 | | 46 (23.7) | 0.46 | | 48 (25.5) | 0.56 | | 55 (53.4) | 0.21 | |
| ECOG 0 | 182 (31.4) | | | 44 (22.7) | | | 87 (46.3) | | | 42 (31.3) | | |
| ECOG 1 | 390 (67.2) | 0.56 | | 145 (74.7) | 0.19 | | 100 (53.2) | 0.6 | | 88 (65.7) | 0.2 | |
| ECOG 2 | 8 (1.4) | 0.14 | | 5 (2.6) | 0.53 | | 1 (0.5) | 1 | | 4 (3) | 0.1 | |
| ASA I | 312 (53.8) | | | 64 (32.2) | | | 63 (32.5) | | | 31 (23.5) | | |
| ASA II | 254 (43.8) | 0.45 | | 115 (59.6) | 0.17 | | 112 (59.6) | 0.5 | | 86 (65.2) | 0.09 | |
| ASA III | 14 (2.4) | 0.34 | | 14 (7.3) | 0.59 | | 13 (6.8) | 0.9 | | 15 (11.4) | 0.4 | |
| BMI 20-25 kg/m ² | 228 (40.6) | | | 84 (44.4) | | | 44 (23.5) | | | 34 (26.2) | | |
| BMI 25-30kg/m ² | 181 (32.3) | 0.6 | | 59 (31.2) | 0.6 | | 78 (41.7) | 0.4 | | 39 (30) | 0.8 | |
| BMI >30kg/m ² | 54 (9.6) | 0.53 | | 13 (6.9) | 0.45 | | 58 (31) | 0.9 | | 52 (40) | 0.3 | |
| BMI ≤20kg/m ² | 98 (17.5) | 0.04 | | 33 (17.5) | 0.5 | | 7 (3.7) | 0.9 | | 5 (3.8) | 0.8 | |
| Preoperative creatinine <1mg/dl | 559 (96.4) | | | 181 (93.3) | | | 168 (89.8) | | | 103 (77.4) | | |
| Preoperative creatinine ≥ 1mg/dl | 21 (3.6) | 0.5 | | 13 (6.7) | 0.7 | | 19 (10.2) | 0.3 | | 30 (22.0) | 0.4 | |
| Albumin > 3.5g/dl | 534 (76.7) | | | 168 (86.6) | | | 175 (93.6) | | | 123 (92.5) | | |
| Albumin ≤ 3.5g/dl | 26 (4.5) | 0.027 | | 0.049, OR=2.3; 95%CI-1-5.3 | | | 26 (13.4) | 0.57 | | 12 (6.4) | 0.53 | |
| Haemoglobin >12g/dl | 98 (16.9) | | | 29 (14.9) | | | 85 (45.2) | | | 55 (41) | | |
| Haemoglobin 10-11.2g/dl | 322 (55.5) | 0.189 | | 107 (55.2) | 0.34 | | 82 (43.6) | 0.21 | | 56 (41.8) | 0.015 | 0.076 OR=0.4 95%CI- 0.1-1.1 |
| Haemoglobin ≤10g/dl | 160 (27.6) | 0.07 | | 58 (29.9) | 1 | | 21 (11.2) | 0.24 | | 25 (17.2) | 0.001 | 0.36 OR=1.795 %CI-0.5-5.3 |
| Blood loss < 500ml | 385 (66.4) | | | 125 (64.4) | | | 157 (83.5) | | | 110 (82.1) | | |
| Blood loss 500-1000ml | 144 (24.8) | <0.001 | | <0.001 OR=2.5; 95%CI-1.6-3.8 | | | 56 (28.9) | 0.03 | | 0.008 OR=2.6; 95%CI-1.3-5.4 | 0.7 | |
| Blood loss ≥1000ml | 51 (8.8) | <0.001 | | <0.001 OR=3.4; 95%CI-1.7-6.5 | | | 13 (6.7) | 0.027 | | 0.16 OR=2.5; 95%CI-0.7-9 | 0.3 | |
| MIS | - | NA | | - | NA | | 73 (38.8) | | | 55 (41) | | |
| OPEN | - | NA | | - | NA | | 115 (61.2) | 0.21 | | 79 (59) | <0.001 | 0.002 OR=8.395 %CI-2.2-31 |
| BOWEL RESECTION-NO | 562 (96.9) | | | 185 (95.4) | | | - | | | - | | |
| BOWEL RESECTION-YES | 18 (3.1) | 0.009 | | 9 (4.5) | 0.005 | | - | | | - | | |

Among 1180 patients, 353 (29.9%) were aged ≥60 years. The elderly had significantly more patients with ≥2comorbidities (p=0.001), poor functional status (p=0.001), and hypoalbuminemia (p<0.001). Preoperative creatinine, haemoglobin and BMI were comparable. R2 (Residual disease>1cm) resections were more common in the elderly (p= 0.013). Intraoperative complications (2.8% vs 2.7%) and perioperative Clavien-Dindo≥2 complications (26.6% vs 23.7%) did not differ between the groups. When different age groups were considered within the elderly cohort- ≥60yrs, ≥65yrs and ≥70yrs, none correlated with perioperative complications. A site-specific subgroup analysis was conducted. It revealed that blood loss>500ml (p=0.008, OR=2.64; 95%CI 1.29–5.38) independently predicted complications in elderly ovarian cancer patients, while both albumin≤3.5mg/dl (p=0.044, OR=2.35; 95%CI 1.02–5.4) and blood loss>500ml (p<0.001, OR=2.54; 95%CI 1.65–3.9) were significant in younger population. In elderly endometrial cancer patients, open surgery (p=0.002, OR=8.29; 95%CI 2.2–31) correlated with complications, with no significant predictors in younger patients.

Conclusion/Implications: Perioperative outcomes in well optimised elderly patients are comparable to those in younger patients. Optimising perioperative factors and blood loss can enhance overall surgical outcomes.

EP073 / #180

Topic: AS02. Clinical Disciplines / AS02e. Surgical Techniques & Perioperative Management

RELEVANCE AND IMPACT OF CONCURRENT HYSTERECTOMY AT THE TIME OF SURGERY FOR BENIGN ADNEXAL MASSES: DOES THE LEVEL OF PREOPERATIVE SUSPICION OF MALIGNANCY MATTER?

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Introduction: Introduction: Opportunistic hysterectomy is commonly offered with surgery for an adnexal mass suspicious for malignancy. This study evaluates the incidence, indication, and implications of performing concurrent hysterectomy with surgery for an ultimately benign adnexal mass.

Methods: Methods: Retrospective-cohort study was conducted of patients ≥ 18 years who underwent surgery for an adnexal mass by gynecologic oncology between August 1, 2020 – August 31, 2024. Demographics, investigations, and surgical outcomes were collected. Regression analyses were used to estimate complication risks between surgeries with or without concurrent hysterectomy performed.

Results: Results: 277 surgeries were reviewed (N=105 no hysterectomy; N=172 hysterectomy). Patients who underwent concurrent hysterectomy were older (60 vs. 53 years, $p=0.0024$), often postmenopausal (72.7% vs. 59.0%, $p=0.0188$), had less preoperative MRI scans (49.0% vs. 69.7%, $p=0.0012$), and underwent more laparotomies (73.3% vs. 57.1%, $p=0.013$) with more blood loss (200ml vs. 150ml, $p<0.0001$). Hysterectomy was performed most frequently for benign fibromas (17% vs. 8%, $p=0.0283$). Complications were infrequent; no differences were observed in visceral organ injury, bleeding, vascular/nerve injuries, cardiorespiratory/venous-thromboembolism events, infection, emergency room visits or readmissions. Concurrent hysterectomy patients were more likely to experience the compound outcome of any intraoperative/postoperative complication (OR 1.83, 95% CI: 1.03-3.28); multivariate analysis was not significant adjusting for clinically relevant confounders.

Table 1: Baseline characteristics of patients who underwent concurrent hysterectomy versus patients who did not at time of surgery for a suspicious adnexal mass that was ultimately benign on final surgical pathology.

| | No Hysterectomy Performed (N=105) | Hysterectomy Performed (N=172) | P-value* |
|---|-----------------------------------|--------------------------------|----------|
| Demographic Characteristics | | | |
| Age in years (Median, IQR) | 53 (38, 68) | 60 (49, 69) | 0.002 |
| ASA Score (Median, IQR) | 3 (3, 3) | 3 (3, 4) | 0.199 |
| BMI kg/m ² (Median, IQR) | 28.48 (25.34, 33.52) | 28.09 (24.48, 32.80) | 0.599 |
| Hormonal Medication Use (Any vs. None; N, %) | | | |
| Combined Hormonal Contraception | 33 (31.4%) | 60 (34.9%) | 0.555 |
| Hormone Replacement Therapy | 7 (6.7%) | 13 (7.6%) | 0.781 |
| Tamoxifen | 0 (0%) | 3 (1.7%) | 0.174 |
| Menopausal (N, %) | 62 (59.0%) | 125 (72.7%) | 0.019 |
| Previous history of any benign or borderline adnexal mass (N, %) | | | |
| History of previous malignancy (N, %) | | | |
| None | 92 (87.6%) | 145 (84.3%) | 0.771 |
| Gynecologic-related | | | |
| Breast | 11 (10.5%) | 20 (11.6%) | |
| Other (non-gynecologic, non-breast) | 1 (1.0%) | 4 (9.3%) | |
| Other (non-gynecologic, non-breast) | 1 (1.0%) | 3 (1.7%) | |
| History of abdominal surgery (N, %) | | | |
| None | 31 (29.5%) | 79 (45.9%) | <0.001 |
| Any non-gynecologic surgery | 13 (12.4%) | 39 (22.7%) | |
| Any gynecologic-related surgery | 61 (58.1%) | 54 (31.4%) | |
| Family history (N, %) | | | |
| Breast Cancer | 29 (27.6%) | 49 (28.5%) | 0.876 |
| Endometrial Cancer | 3 (2.9%) | 6 (3.5%) | 0.774 |
| Colon Cancer | 14 (13.3%) | 33 (19.2%) | 0.208 |
| Ovarian Cancer | 8 (7.6%) | 8 (4.7%) | 0.304 |
| BRCA Carrier | 1 (1.0%) | 1 (0.6%) | 0.727 |
| Lynch Carrier | 0 (0%) | 1 (0.6%) | 0.432 |
| Any other concurrent diagnoses (N, %) | | | |
| Other diagnoses besides adnexal mass** | 14 (13.3%) | 16 (9.3%) | 0.133 |
| Preinvasive diagnosis*** | 0 (0%) | 5 (2.9%) | |
| Adnexal mass is the only diagnosis | 91 (86.7%) | 151 (87.8%) | |
| Preoperative Investigations | | | |
| Preoperative Imaging (N, %) | | | |
| US (N=103 no hysterectomy vs. N=169 hysterectomy) | 90 (87.4%) | 142 (84.0%) | 0.449 |
| CT (N=102 no hysterectomy vs. N=165 hysterectomy) | 81 (79.4%) | 142 (86.1%) | 0.155 |
| MRI (N=99 no hysterectomy vs. N=155 hysterectomy) | 69 (69.7%) | 76 (49.0%) | 0.001 |
| Tumor Markers (Median, IQR) | | | |
| Ca 125 (u/ml) | 20 (9, 52) | 23.5 (13, 82) | 0.129 |
| CEA (ng/ml) | 1.3 (0.8, 2.3) | 1.5 (0.9, 2.2) | 0.370 |
| Ca 19-9 (u/ml) | 10 (4, 30) | 11 (5, 28) | 0.487 |
| Ca 15-3 (u/ml) | 17 (12, 25) | 17 (12, 27) | 0.600 |
| Surgical Details | | | |
| Route of Surgery (N, %) | | | |
| Laparoscopic | 45 (42.9%) | 45 (26.2%) | 0.013 |
| Laparotomy | 60 (57.1%) | 126 (73.3%) | |
| Laparoscopic assisted | 0 (0%) | 1 (0.6%) | |
| Estimated blood loss, mL (Median, IQR) | | | |
| | 150 (50, 250) | 200 (100, 325) | <0.0001 |
| Length of stay in hospital postoperatively, days (Median, IQR) | | | |
| | 2 (0, 3) | 3 (1, 3) | 0.142 |
| Additional Procedures Performed (N, %) | | | |
| Appendectomy | 14 (13.3%) | 23 (13.4%) | 0.993 |
| Pelvic lymph node dissection | 6 (5.7%) | 6 (3.5%) | 0.377 |
| Para-aortic lymph node dissection | 1 (1.0%) | 2 (1.2%) | 0.870 |
| Bowel resection | 0 (0%) | 2 (1.2%) | 0.267 |
| Conversion from laparoscopy to laparotomy | 4 (3.8%) | 1 (0.6%) | 0.050 |
| Intraoperative spill of adnexal mass | 18 (17.1%) | 23 (13.4%) | 0.391 |

*Wilcoxon Rank Sum test performed for continuous outcomes. Chi square test performed for categorical outcomes, at a p-value <0.05

**Other benign diagnoses: abnormal uterine bleeding, fibroids, endometriosis, adenomyosis, dysmenorrhea, pelvic organ prolapse

***Other preinvasive diagnoses: simple or atypical endometrial hyperplasia, cervical dysplasia

Table 2: Surgical complications of concurrent hysterectomy group vs. no hysterectomy group in surgeries performed for a benign adnexal mass

| | Effect Estimate (OR/RR¹, 95% CI) |
|---|--|
| <i>Intraoperative complications</i> | |
| Bowel injury | 1.01 ¹ (1.00, 1.03) |
| Ureteric injury | 0.61 (0.04, 9.83) |
| Bladder injury | 1.01 ¹ (1.00, 1.03) |
| Intraoperative bleeding ² | 3.76 (0.45, 31.67) |
| <i>Immediate postoperative complications</i> | |
| Postoperative bleeding ³ | 0.91 (0.15, 5.56) |
| Wound infection | 0.98 ¹ (0.96, 1.01) |
| Abdominopelvic infection / abscess | 0.98 ¹ (0.96, 1.01) |
| Urinary retention | 0.91 (0.15, 5.56) |
| Postoperative neuropathy | 0.61 (0.04, 9.83) |
| Cardiac event | 1.23 (0.36, 4.20) |
| Respiratory event | 0.81 (0.18, 3.69) |
| Ileus, bowel obstruction | 1.86 (0.37, 9.40) |
| Venous thromboembolism | 0.99 ¹ (0.97, 1.01) |
| Secondary surgery | 0.98 ¹ (0.96, 1.01) |
| <i>Complications within 6 weeks of surgery</i> | |
| Emergency room presentation | 1.37 (0.46, 4.05) |
| Readmission to hospital | 5.07 (0.63, 41.15) |
| Postoperative bleeding ³ | 1.01 ¹ (1.00, 1.03) |
| Wound infection | 1.91 (0.67, 5.42) |
| Abdominopelvic infection / abscess | 0.20 (0.02, 1.94) |
| Venous thromboembolism | 1.01 ¹ (0.99, 1.02) |
| Postoperative neuropathy | 0.91 (0.25, 3.31) |
| Delayed bowel injury | 1.02 ¹ (1.00, 1.04) |
| Delayed ureteric injury | 0.99 ¹ (0.97, 1.01) |
| Hematoma | 1.01 ¹ (0.99, 1.02) |

1 Relative Risks reported used when the number of events in one group were zero.

2 Intraoperative bleeding is defined as unexpected intraoperative bleeding and/or bleeding requiring transfusion or resuscitation.

3 Postoperative bleeding is defined as acute, delayed hemorrhage, symptomatic anemia and/or bleeding requiring transfusion or resuscitation.

Conclusion/Implications: Conclusions/Implications: Concurrent hysterectomy with surgery for an adnexal mass suspicious for malignancy but ultimately benign did not increase intraoperative nor postoperative risks. Population-based studies are required to characterize long-term impacts of concurrent hysterectomies, including incidence of preinvasive/invasive gynecologic malignancies, secondary gynecologic surgery, and overall survival.

EP074 / #552

Topic: AS02. Clinical Disciplines / AS02e. Surgical Techniques & Perioperative Management

EVALUATING THE IMPACT OF ADJUNCTIVE TOPICAL HEMOSTATIC AGENTS ON ESTIMATED BLOOD LOSS AND OPERATIVE TIME DURING COLD KNIFE CONIZATION

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Introduction: A variety of techniques are used to achieve hemostasis during cold knife conization (CKC) of the cervix. This study evaluates the effect of various topical hemostatic agent combinations on estimated blood loss (EBL) and operative time (OT) during CKC.

Methods: Between January 2018 – January 2023, patients undergoing CKC were identified (n=389). Retrospective chart review captured demographic data, EBL, and OT. Operative reports were analyzed for use of electrocautery, stay sutures, and adjunctive hemostatic agents—categorized as caustic (eg Monsel's™, silver nitrate), physical (eg. Surgicel™, GelFoam™), combination (eg. Surgiflo™, Floseal™), topical vasoconstrictive (vasopressin, epinephrine), biologic (eg. tranexamic acid, thrombin) and other (additional sutures, vaginal packing). Cases with concurrent procedures, absence of both cauterization and stay sutures, or incomplete data were excluded (n=231). Only two agent combination groups were used for analysis, yielding a final cohort of 141. Logarithmically transformed dependent variable linear regression with post-hoc testing compared EBL and OT across two agent combination groups.

Results: Among all combinations tested, the vasoconstrictive + physical combination (mean EBL 12.03 mL, SD 8.03, n=40) reduced EBL by 68%-94% across multiple comparisons ($p \leq 0.02$) and the vasoconstrictive + caustic combination (mean EBL 4.00 mL, SD 2.24, n=5) reduced EBL by 83–97% across multiple comparisons ($p \leq 0.02$). In terms of OT, few significant differences were observed.

Conclusion/Implications: Topical intracervical injection of vasoconstrictive agents, when combined with caustic or physical agents, significantly reduce EBL during CKC, with minimal impact on OT and are superior to the other hemostatic agents tested.

Table 1: Average Estimated Blood Loss (EBL) and Operative Time (OT) Among Two Agent Combinations

| | EBL (mL) | | OT (min) |
|--------------------|----------------|---------------|----------------|
| | Mean (SD) | Mean (SD) | N (% of total) |
| caustic + vaso | 4.00 (2.24) | 25.40 (11.08) | 5 (5%) |
| caustic + biologic | 63.75 (104.80) | 25.00 (6.16) | 8 (6%) |
| caustic + other | 20.00 (7.07) | 34.50 (19.09) | 2 (1%) |
| caustic + physical | 43.94 (40.41) | 20.57 (7.96) | 82 (58%) |
| physical + comb | 57.50 (24.75) | 26.50 (0.71) | 2 (1%) |
| physical + other | 175.00 (35.36) | 44.00 (9.90) | 2 (1%) |
| physical + vaso | 12.03 (8.03) | 28.05 (6.91) | 40 (28%) |

vaso = topical vasoconstrictive agent

comb = combination agent

Table 2: Estimated Blood Loss (EBL) and Operative Time (OT) Comparisons Among Two Agent Combinations

| | EBL | | | OT | | |
|---|-----------------------|-------------|---------------------------|-----------------------|-------------|---------------------------|
| | Estimate ¹ | Std. Error | Adj. P-value ² | Estimate ¹ | Std. Error | Adj. P-value ² |
| (caustic + vaso) / (caustic + biologic) | 0.17 | 0.09 | 0.02 | 0.98 | 0.18 | 1.00 |
| (caustic + vaso) / (caustic + other) | 0.24 | 0.18 | 0.50 | 0.78 | 0.22 | 0.97 |
| (caustic + vaso) / (caustic + physical) | 0.17 | 0.08 | ≤0.01 | 1.27 | 0.19 | 0.71 |
| (caustic + vaso) / (physical + comb) | 0.09 | 0.07 | 0.02 | 0.86 | 0.24 | 1.00 |
| (caustic + vaso) / (physical + other) | 0.03 | 0.03 | ≤0.01 | 0.58 | 0.16 | 0.43 |
| (caustic + vaso) / (physical + vaso) | 0.52 | 0.24 | 0.79 | 0.88 | 0.14 | 0.99 |
| (physical + vaso) / (caustic + biologic) | 0.32 | 0.11 | 0.02 | 0.974 | 0.23 | 1.00 |
| (physical + vaso) / (physical + other) | 0.06 | 0.04 | ≤0.01 | 1.43 | 0.09 | ≤0.01 |
| (physical + vaso) / (caustic + other) | 0.47 | 1.36 | 0.89 | 1.12 | 0.14 | 1.00 |
| (physical + vaso) / (caustic + physical) | 0.33 | 0.06 | ≤0.01 | 0.88 | 0.21 | 1.00 |
| (physical + vaso) / (physical + comb) | 0.17 | 0.11 | 0.12 | 0.65 | 0.16 | 0.81 |
| (caustic + biologic) / (caustic + other) | 1.44 | 0.98 | 1.00 | 0.79 | 0.21 | 0.98 |
| (caustic + biologic) / (caustic + physical) | 1.03 | 0.32 | 1.00 | 1.29 | 0.16 | 0.35 |
| (caustic + biologic) / (physical + comb) | 0.53 | 0.36 | 0.97 | 0.88 | 0.23 | 1.00 |
| (caustic + biologic) / (physical + other) | 0.20 | 0.13 | 0.21 | 0.59 | 0.15 | 0.40 |
| (caustic + other) / (caustic + physical) | 0.71 | 0.45 | 1.00 | 1.63 | 0.39 | 0.40 |
| (caustic + other) / (physical + other) | 0.14 | 0.29 | 0.99 | 0.74 | 0.25 | 0.97 |
| (caustic + other) / (physical + comb) | 0.37 | 0.32 | 0.92 | 1.11 | 0.37 | 1.00 |
| (caustic + physical) / (physical + comb) | 0.52 | 0.32 | 0.94 | 0.68 | 0.16 | 0.66 |
| (caustic + physical) / (physical + other) | 0.19 | 0.12 | 0.11 | 0.46 | 0.11 | 0.02 |
| (physical + comb) / (physical + other) | 0.37 | 0.32 | 0.91 | 0.67 | 0.22 | 0.89 |

¹exp(numerator) / exp(denominator)

²p-values adjusted for multiple comparisons with Tukey Honestly Significant Difference (HSD)

vaso = topical vasoconstrictive agent

comb = combination agent

EP075 / #864

Topic: AS02. Clinical Disciplines / AS02e. Surgical Techniques & Perioperative Management

FEATURES OF EARLY REHABILITATION AFTER EXTENDED HYSTERECTOMY WITH PARA-AORTIC LYMPH NODE DISSECTION FOR ENDOMETRIAL CANCER

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Introduction: Extended hysterectomy with para-aortic lymph nodes dissection has a number of features in terms of predicted postoperative complications, which must be taken into account when developing rehabilitation programs.

Methods: We have performed 104 similar in 2022-2024. The average age of the patients was 62.2 years. The distribution by stages: stage I – 84%, stage II – 13%, stage III – 3%, histologically predominantly endometrial adenocarcinoma (73.2%). 42 operations (40.3%) were performed with endoscopic access. All patients received the basic part of the early rehabilitation program (nutritional support, psychological support, physical therapy, antibiotic prophylaxis and prevention of thromboembolic complications).

Results: The maximum impact on the quality of life of patients in the postoperative period was caused by a pronounced pain syndrome, almost regardless of access. We registered 9-10 point pain syndrome in 87% of patients, remaining at the level of 7-8 points for up to 3 days of the postoperative period. Lymphorrhea over 50 cm³ was reported in 42.7% of patients without clinically significant lymphocysts, purulent-septic complications were reported in only 2 patients (1.9%) in the form of postoperative scar serositis after laparotomy, urinary incontinence was noted in 15.6% of patients.

Conclusion/Implications: Thus, the main attention in early rehabilitation programs for patients after extended uterine extirpation with paraaortic lymph nodes dissection should be given to high-quality anesthesia, with prolongation if necessary and the inclusion of physiotherapy methods to modulate the effectiveness of traditional methods. It is also advisable to include electrical stimulation of the bladder in programs, taking into account the frequently reported dysuric phenomena.

EP076 / #617**Topic:** AS03. Patient-Centered Care / AS03a. Fertility & Pregnancy**PREGNANCY OUTCOMES AMONG WOMEN WITH HUMAN IMMUNODEFICIENCY VIRUS INFECTIONS WHO UNDERWENT EXCISIONAL TREATMENT FOR HIGH-GRADE CERVICAL INTRAEPITHELIAL LESIONS: A RETROSPECTIVE COHORT STUDY IN LOW-RESOURCE SETTINGS**

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Introduction: The purpose of this study was to determine pregnancy outcomes in women living with and without human immunodeficiency virus who underwent excisional treatment for cervical intraepithelial lesions.

Methods: This retrospective cohort study compared the pregnancy outcomes of women with and without human immunodeficiency virus who were or were not treated for cervical intraepithelial lesions. The study was carried out at Academic Model Providing Access to Health care-Kenya satellite sites that provide cervical cancer screening and treatment for cervical dysplasia. A cohort of 488 women with and without HIV infection who did or did not receive excisional treatment for cervical intraepithelial lesions between 2009 and 2022 were enrolled. Adverse pregnancy outcomes (preterm delivery and pregnancy loss) were recorded and analysed. The significance of the obtained results was judged at 5%.

Results: Excisional treatment involving the uterine cervix, particularly cold knife conisation increased the risk of adverse pregnancy outcomes by 15.3-fold ($p=0.026$, 95% CI 1.4 – 167.6) after adjustment of confounding factors. A history of adverse pregnancy outcomes significantly increased the risk of adverse pregnancy outcomes after treatment by 44.2-fold after adjustment of confounding factors ($p < 0.001$, 95% CI

15.5 – 126.1). Maternal human immunodeficiency virus infection did not increase the risk of adverse pregnancy outcomes ($p = 0.147$, 95% CI 0.8 – 5.8).

Conclusion/Implications: Adverse pregnancy outcomes in women who underwent excisional treatment involving the uterine cervix are multifactorial. Maternal immunodeficiency virus infection does not increase the risk of adverse pregnancy outcomes in women who undergo excisional treatment for high-grade squamous intraepithelial lesions.

EP077 / #602

Topic: AS03. Patient-Centered Care / AS03a. Fertility & Pregnancy

GYNAECOLOGICAL CANCER SYNDROMES- ARE WE PROVIDING HOLISTIC CARE TO A MODERN GENERATION OF WOMEN?

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Introduction: Testing for gynaecological cancer syndromes has increased over the past few years. Patients with a positive genetic test are at increased risk of gynaecological cancers, including ovarian and uterine cancers. The mainstay of management for these patients is risk reducing surgery prior to 45 years of age. Our work, aimed to review our approach to fertility and menopause in a Gynaecological Cancer Screening clinic.

Methods: A retrospective analysis of patients who presented to our Gynaecological Cancer Screening clinic at Imperial College NHS Trust was conducted via the electronic patient record. Patients who featured in this cohort had the genotype of: BRCA 1, BRCA 2, Lynch, PTEN, and HLRCC. Information was collected on management strategies and motivations of patients for accepting or declining these management plans.

Results: 177 patients were consulted over a five-year period. 36% (n=64) of patients were ≤ 42 years old - 30 patients were nulliparous and 34 patients multiparous. 70% (n=45) of that cohort were offered risk reducing surgery; however, only 53% (n=24) accepted surgery. The most cited reason for declining surgery was unfulfilled fertility aspirations. Out of those that declined surgery, 46% were referred to fertility services. Discussions surrounding menopause were documented in 43% of patients who were offered surgery.

Conclusion/Implications: There is significant heterogeneity in discussions and documentation surrounding the management of patients with genetic risk of gynaecological cancer. Development of local and national guidelines should streamline processes by which patients can be consulted by Fertility and Menopause teams to ensure holistic gynaecological care.

EP078 / #816**Topic:** AS03. Patient-Centered Care / AS03a. Fertility & Pregnancy**FERTILITY-SPARING SURGERY IN EARLY-STAGE CERVICAL CANCER: ASSESSING THE IMPACT OF CERVICAL TISSUE EXCISION ON PRETERM BIRTH RISK**

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Introduction: Fertility-sparing surgery (FSS) is a treatment option for patients with early-stage cervical cancer but is associated with an increased risk of preterm birth. It remains unclear whether this is related to the extent of cervical tissue removed.

Methods: We conducted a nationwide retrospective case-control study involving women aged 18 to 45 years with FIGO 2009 stages 1A1, 1A2, and 1B1 who underwent FSS between 2000 and 2022. Controls were women diagnosed with low-grade squamous intraepithelial lesions (LSIL) without a prior biopsy or treatment. Patient-, histology- and obstetric data were obtained from the Netherlands Cancer Registry, the Dutch Nationwide Pathology Databank and the Dutch perinatal database. Primary outcome was the risk of preterm birth in the first pregnancy following FSS, adjusted for confounding factors. Secondary outcomes included the impact of excision depth and volume.

Results: We analysed 354 first deliveries following FSS and 3202 first deliveries in the control group. Preterm birth (<37 weeks) occurred in 21.2% of FSS patients versus 4.5% of controls. The risk of earlier delivery per week was increased in the FSS-group: HR 1.81, 95% CI 1.62 – 2.03. Risk increased with excision depth (HR 1.16 per mm, 95% CI 1.07–1.25) and volume (HR 1.02 per cm³, 95% CI 1.01–1.02).

Conclusion/Implications: Women undergoing FSS have a higher risk of preterm delivery, which correlates with the amount of cervical tissue removed. These findings highlight the importance of balancing oncologic safety with obstetric outcomes when selecting surgical techniques.

EP079 / #435

Topic: AS03. Patient-Centered Care / AS03b. Palliative, Symptomatic & Supportive Care

ASSESSMENT OF LOWER EXTREMITY LYMPHEDEMA INCIDENCE AND QUALITY OF LIFE FOLLOWING SURGERY OR CONCURRENT CHEMORADIATION FOR GYNECOLOGIC CANCER: A PROSPECTIVE TRIAL

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Introduction: This study evaluated the incidence of lower extremity lymphedema and its impact on quality of life in cervical and endometrial cancer patients.

Methods: Women diagnosed with cervical or endometrial cancer were assessed for leg and foot measurements, as well as quality of life, at their initial visit before treatment. The EORTC QLQ-CX24 and EORTC QLQ-EN24 questionnaires were used for cervical and endometrial cancers, respectively. A newly translated 13-item lymphedema questionnaire was also administered alongside lower extremity measurements. After definitive treatment, patients underwent reassessment using the same extremity measurements and questionnaires.

Results: Among 110 endometrial cancer patients (mean age 62 years), most had early-stage, low-grade disease; 57.1% had a BMI ≥ 25 kg/m². Lymphedema incidence was 6–7% in the short term (4 weeks to 3 months) and 8% long term (more than 3 months) after treatment. Patient-reported outcomes indicated worsening hair loss, while urological and gastrointestinal symptoms significantly improved after surgery ($p < 0.05$).

Incidence of lower extremity lymphedema



Endometrial cancer

| Side | Short interval (4 wk-3 mo.) | | | Long interval (> 3 mo.-12 mo.) | | |
|------------|-----------------------------|---------------------|-------------------------------|--------------------------------|--------------------|-------------------------------|
| | n | Median (Q1,Q3) | Incidence of lymphedema n (%) | n | Median (Q1,Q3) | Incidence of lymphedema n (%) |
| Right leg | 98 | -3.91 (-8.59,0.48) | 6 (6.1) | 84 | -3.08 (-7.95,1.28) | 3 (3.6) |
| Left leg | 98 | -3.31 (-8.48,0.16) | 7 (7.1) | 84 | -2.52 (-8.20,2.65) | 7 (8.3) |
| Right foot | 98 | -0.02 (-6.95,10.36) | 25 (25.5) | 84 | 0.75 (-6.73,7.63) | 16 (19.0) |
| Left foot | 98 | 0.07 (-4.32,10.80) | 27 (27.6) | 84 | 1.68 (-3.32,9.17) | 20 (23.8) |

Short interval vary from 28 days to 164 days with a **median of short interval is 41 days** (IQR = 35,56), Long interval vary from 78 days to 365 days with a **median of long interval is 118 days** (IQR = 93,219).

Among 87 cervical cancer patients (mean age 54.9 years), predominantly with squamous cell carcinoma, the lymphedema incidence was 7.1% at 4 weeks to 3 months post-treatment, rising to 10% after more than 3 months. A poor correlation was found between limb volume and the 13-item lymphedema questionnaire results.

Incidence of lower extremity lymphedema



Cervical cancer

| Side | Short interval (4 wk-3 mo.) | | | Long interval (> 3 mo.-12 mo.) | | |
|------------|-----------------------------|--------------------|-------------------------------|--------------------------------|--------------------|-------------------------------|
| | n | Median (Q1,Q3) | Incidence of lymphedema n (%) | n | Median (Q1,Q3) | Incidence of lymphedema n (%) |
| Right leg | 70 | -4.74(-9.93,0.97) | 5 (7.1) | 55 | -5.89 (-9.90,1.11) | 6 (10.9) |
| Left leg | 70 | -5.30 (-9.54,0.98) | 5 (7.1) | 55 | -4.28 (-9.38,2.88) | 7 (12.7) |
| Right foot | 70 | -0.99 (-6.07,7.82) | 14 (20.0) | 55 | 0.71 (-4.74,8.00) | 13 (23.6) |
| Left foot | 70 | 0.36 (-5.00,6,18) | 14 (20.0) | 55 | 4.60 (-3.33,15.00) | 17 (30.9) |

Short interval vary from 28 days to 107 days with a **median of short interval is 35 days** (IQR = 31,50), Long interval vary from 99 days to 344 days with a **median of long interval is 129 days** (IQR = 111,178).

Conclusion/Implications: The incidence of lower extremity lymphedema following primary treatment for gynecologic cancer at our center is lower than previously reported. The 13-item lymphedema questionnaire was not a reliable tool for assessing lymphedema. However, urological symptoms improved following surgery for endometrial cancer, although hair loss worsened.

EP080 / #423**Topic:** AS03. Patient-Centered Care / AS03b. Palliative, Symptomatic & Supportive Care**TRENDS IN STAGE AND SURVIVAL AFTER ESTABLISHING A MULTIDISCIPLINARY GYNECOLOGICAL ONCOLOGY CLINIC IN BOTSWANA**

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Introduction: To improve patient outcomes for patients with gynecological malignancies, a multidisciplinary team (MDT) clinic was established in 2015 at Princess Marina Hospital in Gaborone, Botswana, which serves the majority of oncology patients in the country.

Methods: Patients were prospectively enrolled at initial MDT consultation. Temporal trends in stage and treatment distributions were assessed using the Cochran-Armitage chi-square test. Overall survival (OS) was estimated using the Kaplan-Meier method.

Results: From 2015-2023, 2,353 patients enrolled (mean age 52.0 (SD 13.1) years; 62.7% living with HIV; 79.2% rural residents travelling 46.5-1,211 km to clinic). Annual clinical volume expanded four-fold. Diagnoses were cervical (CC) (n=1,743, 74.1%), vulvar (11.9%), endometrial (8.8%), ovarian (3.9%), and vaginal (1.3%) cancers; two-year OS was 70.0%, 74.5%, 65.7%, 67.1%, and 73.2%, respectively. Stage distribution for CC was: I 18.9%, II 29.1%, III 35.2%, and IV 8.2%. Over this period, CC stage I diagnoses increased (p=0.008) and stage II diagnoses decreased (p=0.001). After introducing a specialty-trained gynecological oncologist, surgical intervention increased in CC patients (p<0.001). The proportion receiving CRT (p<0.001) and RT alone (p<0.001) decreased. Two-year OS for CC patients treated between 2015-2019 was 67.3% and increased to 74.6% between 2020-2024 (p=0.002). Survival of patients

with stage II disease increased (75.7% vs 84.8%, $p=0.025$). Median survival for CC patients ($n=1380$) was 88.2 months (95% CI 72.5-NA months).

Conclusion/Implications: After establishing the MDT clinic, accurate trends in presentation and treatment were benchmarked, showing significant improvement in outcomes of the cohort of CC patients. This clinic offers a framework for implementation in other limited resource settings.

EP081 / #809**Topic:** AS03. Patient-Centered Care / AS03b. Palliative, Symptomatic & Supportive Care**CLINICAL IMPLEMENTATION OF ELECTRIC PATIENT REPORTED OUTCOME (E-PRO) FOR PATIENTS UNDERGOING GYNECOLOGIC CANCER THERAPY**

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Introduction: Based on previous survey in our institution, we have implemented a system to monitor symptoms on non-outpatient days by linking a symptom evaluation application using a smartphone to the electronic medical record for patients on chemotherapy from June 2024. The purpose of this study was to evaluate whether this system can contribute to the appropriate identification and intervention of subjective symptoms of patients.

Methods: This system is designed to answer the PRO-CTCAE questionnaire on a daily basis. we conducted a retrospective analysis of cases in which the system was able to confirm changes over time.

Results: Seventeen cases (15 ovarian/peritoneal, 1 endometrial and 1 cervical cancer) were included in the analysis. Fatigue, numbness, and pain were symptoms that persisted for a long time. Anorexia, dry mouth, oral ulcers, diarrhea, depression, anxiety, and forgetfulness were short-term. More than half of the patients had “very severe” or “severe” nausea, constipation, pain, and insomnia. More than half had “mild” or “moderate” anorexia, dry mouth, oral ulcers, fatigue, shortness of breath, anxiety, and forgetfulness. The more severe the symptoms, the more intervention was provided, and the less severe the symptoms, the less intervention was provided. There was no significant difference in whether the intervention improved symptoms compared to no intervention ($p=0.20$).

Conclusion/Implications: The introduction of ePRO enabled us to accurately identify symptoms that had disappeared and symptom peaks on the day of the outpatient visit. Sharing past symptoms with patients using the ePRO data was considered to enhance supportive care, including empathy for their distress.

EP082 / #812

Topic: AS03. Patient-Centered Care / AS03b. Palliative, Symptomatic & Supportive Care

PREVALENCE AND TYPES OF ANAEMIA IN PATIENTS WITH GYNAECOLOGICAL MALIGNANCIES: EXPERIENCE FROM A TERTIARY CARE CENTRE, INDIA

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Introduction: Anemia is a commonly under-recognized comorbidity in women with gynecological malignancy. It contributes to decreased quality of life and poor treatment-related & patient-reported outcomes. Early diagnosis and treatment of anemia can help in the improvement of patient care

Methods: A Retrospective analysis of 1500 consecutive patients registered from August 2022 to December 2023. Data was retrieved from electronic medical records after obtaining Institutional Review Board approval. Anaemia was defined as Haemoglobin (Hb) level < 12.0g/dL. Iron deficiency was defined as low transferrin saturation (TSAT < 20%) and was further characterized as absolute or functional ID (Serum ferritin < 100 & >100 respectively) (ESMO guidelines).

Results: Out of 1500 patients who were evaluated 957 (63.8%) were anaemic. Based on WHO classification, 39.6% had mild, 54.8% moderate and 5.5% had severe anaemia. Of 444 patients with Iron status assesment, 278 (89.6%) of patients with anemia had iron deficiency(ID). Functional ID was observed in 139 (44.8%) and Absolute ID in 139 (44.8%). Vitamin B12 was deficient in 67 / 840 (8%) of which 47 (70.1%) were anaemic. Folic acid deficiency was observed in 13 out of 809 (1.6%) patients and in 7 out of 541 (1.3%) of those with anemia. Further details are provided in Table 1 & Table 2

Conclusion/Implications: Nearly two-thirds of the cohort was affected with anemia, with iron deficiency being the most common cause in patients from low-middle-income countries. The study emphasizes on routine screening at the time of diagnosis of malignancy to ensure timely identification and appropriate correction.

Table 1. Comprehensive comparative analysis of the demographic and clinical characteristics among the overall cohort.

| BASELINE CHARACTERISTIC | TOTAL NUMBER OF PATIENTS n (%) | Normal Haemoglobin | Anaemia | P value |
|--|---|---------------------------|--------------------|----------------|
| n | 1500 | 543 | 957 | |
| Age (yrs), median(Range) | 52.7 (14-80) | 54.04 (15-80) | 53 (14-80) | 0.002 |
| Menopausal status | | | | 0.012 |
| Premenopausal | 440 (29.4%) | 138 (25.4%) | 302 (31.6%) | |
| Postmenopausal | 1059 (70.6%) | 405 (74.6%) | 654 (68.4%) | |
| | | | | |
| Haemoglobin (g/dL), median (range) | 11.4 (2-15.9) | 12.7 (12.0 - 15.9) | 10.7 (2-11.9) | <0.001 |
| Haematocrit (%) median (range) | 36.78 (9.30-50) | 40.4 (35.9 -50) | 34.7 (9.3 - 48.1) | <0.001 |
| Mean Cell Volume (MCV) category | | | | <0.001 |
| Microcytic n (%) | 275 (18.3%) | 35 (6.4%) | 240 (25.1%) | |
| Normocytic n (%) | 1165 (77.7%) | 478 (88%) | 686 (71.8%) | |
| Macrocytic n (%) | 60 (4.0%) | 30 (5.5%) | 30 (3.1%) | |
| | | | | |
| Cancer site-wise distribution | | | | 0.009 |
| Ca Ovary | 569 (38%) | 194 (35.7%) | 375(39.2%) | |
| Ca Cervix | 668 (44.6%) | 235 (43.3%) | 426 (45.3%) | |
| Ca Uterus | 197 (13.10%) | 90 (16.6%) | 107 (11.2%) | |
| Ca Vulva | 20 (1.3%) | 9 (1.7%) | 11 (1.2%) | |
| Ca Vagina | 25 (1.7%) | 12 (2.2%) | 13 (1.4%) | |
| GTN | 20 (1.3%) | 3 (0.6%) | 17 (1.8%) | |

Table 2. Evaluation of Anaemia

| IRON STATUS ASSESSMENT | | | |
|---|----------------------------------|---------------------------------|------------------------|
| | Overall population tested | Normal Haemoglobin n (%) | Anaemia n (%) |
| n | 444 | 134 (30.2%) | 310 (69.8%) |
| S. Iron (mean) (+/-SD) | 39.5 (+/- 33.2) | 46.6 (+/-32.5) | 36.5 (+/- 33.09) |
| S. Ferritin (mean) (+/-SD) | 227.17 (+/-450) | 221.6 (+/- 466) | 229 (+/-444.1) |
| S.TIBC (mean) (+/-SD) | 297 (+/-89.2) | 305.49 (+/-80.11) | 294.4 (+/-92.88) |
| CATEGORIZATION OF IRON DEFICIENCY ASSESSMENT | | | |
| | | Normal Hb (n,%) | Anaemia (n, %) |
| No Iron Deficiency | 45 (10.2%) | 13 (9.7%) | 32 (10.3%) |
| Functional ID, n (%) | 193 (43.4%) | 54 (40.2%) | 139 (44.8%) |
| Absolute ID, n (%) | 206 (46.4%) | 67 (50%) | 139 (44.8%) |
| VITAMIN B 12 ASSESMENT | | | |
| Population tested (n) | 840 (100%) | 280(33.3%) | 560 (66.7%) |
| Normal Level | 773 (92%) | 260 (92.8%) | 513 (91.6%) |
| Vitamin B12 deficiency | 67 (8%) | 20 (7.14%) | 47 (8.4%) |
| FOLIC ACID ASSESSMENT | | | |
| Population tested (n) | 809 (100%) | 268 (33.1%) | 541 (66.9%) |
| Normal level | 796 (98.4%) | 262 (97.7%) | 534 (98.7%) |
| Folic acid deficiency | 13 (1.6%) | 6 (2.3%) | 7 (1.3%) |

EP083 / #818**Topic:** AS03. Patient-Centered Care / AS03b. Palliative, Symptomatic & Supportive Care**REAL-WORLD UTILIZATION OF TRADITIONAL JAPANESE KAMPO MEDICINE AS SUPPORTIVE CARE IN PATIENTS UNDERGOING CHEMOTHERAPY**

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Introduction: Novel therapies—such as PARP inhibitors, immune checkpoint inhibitors, and antibody–drug conjugates (ADCs)—are increasingly used alongside conventional platinum-based chemotherapy in gynecologic malignancies. Supportive care is essential to maintain treatment intensity and manage symptoms. Kampo medicine, a traditional Japanese therapy using herbs like ginger, is often used for chemotherapy-related fatigue and neuropathy, though its usage pattern and efficacy remains unclear.

Methods: A retrospective record review in single designated cancer center. (University Hospital) Study period: January 2020 through December 2024 Subjects: Patients with cervical, endometrial, or ovarian cancer who received adjuvant, definitive, or recurrent chemotherapy, including CCRT.

Results: Among endometrial cancer patients who underwent chemotherapy during the study period, 339 cases were identified. Of these, 191 (56.3%) received Kampo prescriptions. The median age was 60 years (range, 28–85). Twenty-eight Kampo formulations were used, with the most common being Goshajinkigan (91 cases, 47.6%), Daikenchuto (82, 42.9%), and Shakuyakukanzoto (15, 7.9%). Regarding chemotherapy regimens, 123 patients (63.4%) received TEC (paclitaxel, epirubicin, carboplatin), and 53 (27.7%) received TC. Kampo was also co-administered in 146 of 246 cervical cancer cases (64.6%) and 264 of 364 ovarian cancer cases (72.5%). The top three formulations in cervical cancer were Daikenchuto, Juzentaihoto, and Goshajinkigan; in ovarian cancer, Daikenchuto, Goshajinkigan, and Ninjin'yoeito. The primary indications for Kampo included constipation prevention (Daikenchuto), neuropathy management (Goshajinkigan), and fatigue relief (Ninjin'yoeito, Juzentaihoto).

Conclusion/Implications: Kampo medicine was co-administered in many gynecologic cancer chemotherapy cases, mainly to manage challenging symptoms such as peripheral neuropathy and fatigue. However, comparative studies and RCTs remain limited, underscoring the need for more evidence.

EP084 / #968

Topic: AS03. Patient-Centered Care / AS03b. Palliative, Symptomatic & Supportive Care

MALIGNANT BOWEL OBSTRUCTION IN RECURRENT OVARIAN CANCER: A RETROSPECTIVE ANALYSIS OF PROGNOSTIC FACTORS AND CLINICAL OUTCOMES.

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Introduction: Malignant bowel obstruction (MBO) is often a pre-terminal event in patients with advanced ovarian cancer. Management is challenging with choices ranging from surgical intervention to medical palliation.

Methods: All consecutive patients with recurrent ovarian cancer presenting with clinical and radiological diagnosis of MBO to our center from January 2015 to December 2021 were included. Data was retrieved from the electronic medical records after institutional review committee approval. Time to event data were analyzed using Kaplan-Meier method. Cox regression analysis was performed to detect variables significantly associated with oral intake and survival.

Results:

| DESCRIPTIVE STATISTICS | N(%) |
|---|-----------|
| Age in years (range) | 48(25-76) |
| Histology | |
| High grade serous | 144(86.7) |
| Low grade serous | 9(5.4) |
| Endometrioid | 5(3) |
| Clear cell | 2(1.2) |
| Mucinous | 3(1.8) |
| Other ovarian cancers | 3(1.8) |
| Stage at presentation | |
| I | 5(3) |
| II | 4(2.4) |
| III | 107(64.4) |
| IV | 50(30.1) |
| Residual disease at primary surgery | |
| R0 | 96(58.5) |
| R1 | 23(14) |
| R2 | 33(19.8) |
| Unknown | 14(8.5) |
| Platinum free interval in months (range) | 8(0-75) |
| Presence of ascites at diagnosis of MBO | |
| Yes | 89(53.6) |
| No | 77(46.4) |
| Disease status at diagnosis of MBO | |
| Single site pelvic | 5(3) |
| Multiple site | 39(23.4) |
| Peritoneal | 122(73.5) |
| Level of obstruction on CT Scan | |
| Small bowel proximal | 30(18.1) |
| Small bowel distal | 54(32.5) |
| Small bowel level unknown | 63(38) |
| Large bowel | 19(11.44) |
| Site of obstruction on CT Scan | |
| Single site | 69(41.6) |
| Multiple sites | 97(58.4) |
| Palliative bowel surgery | |
| Yes | 46(27.7) |
| No | 120(72.3) |
| Surgical morbidity | |
| Nil | 7(15.2) |
| Clavien Dindo 1 | 17(37) |
| Clavien Dindo 2 | 13(28.3) |
| Clavien Dindo 3 | 6(13) |
| Clavien Dindo 4 | 0 |
| Clavien Dindo 5 | 3(6.5) |
| Subsequent oral feeds | |
| Yes | 121(72.9) |
| No | 45(27.1) |
| Subsequent cancer directed therapy | |
| Yes | 63(38) |
| No | 103(62) |

| SURVIVAL | | Unadjusted HR (95% CI) | p-value | Adjusted HR (95% CI) | p-value |
|---------------------------------|---------------------------|------------------------|---------|----------------------|---------|
| Ascites | No | 1 (Ref) | | 1 (Ref) | |
| | Yes | 2.97 (2.01-4.39) | <0.001 | 1.97 (1.19-3.26) | 0.008 |
| Disease | Single site pelvic | 1 (Ref) | | 1 (Ref) | |
| | Peritoneal | 14.90 (2.05-108.09) | 0.008 | 11.18 (1.44-86.59) | 0.021 |
| | Multiple site | 10.32 (1.39-76.52) | 0.022 | 9.81 (1.29-74.42) | 0.027 |
| Level of obstruction | small bowel proximal | 1 (Ref) | | 1 (Ref) | |
| | small bowel distal | 0.66 (0.39-1.12) | 0.125 | 0.81 (0.45-1.45) | 0.480 |
| | large bowel | 0.48 (0.24-0.97) | 0.041 | 1.39 (0.62-3.13) | 0.430 |
| | small bowel level unknown | 2.24 (1.34-3.74) | 0.002 | 1.21 (0.68-2.15) | 0.514 |
| Site | Single site | 1 (Ref) | | 1 (Ref) | |
| | Multiple site | 3.45 (2.29-5.19) | <0.001 | 1.50 (0.85-2.64) | 0.158 |
| Surgery | No | 1 (Ref) | | 1 (Ref) | |
| | Yes | 0.30 (0.19-0.46) | <0.001 | 0.41 (0.23-0.74) | 0.003 |
| Platinum free interval (months) | <6 | 1 (Ref) | | 1 (Ref) | |
| | >=6 | 1.45 (0.98-2.16) | 0.064 | 0.69 (0.45-1.05) | 0.082 |
| | | | | | |
| RESTART ORAL FEEDS | | Unadjusted OR (95% CI) | p-value | Adjusted OR (95% CI) | p-value |
| Ascites | No | 1 (Ref) | | 1 (Ref) | |
| | Yes | 0.03 (0.007-0.142) | <0.001 | 0.07 | 0.001 |
| Disease | Single site pelvic | 1 (Ref) | | 1 (Ref) | |
| | Peritoneal | 0.11 (0.024-0.465) | 0.003 | 0.48 (0.08-2.78) | 0.410 |
| | Multiple site | 1 (NA) | - | 1 (NA) | - |
| Level of obstruction | small bowel proximal | 1 (Ref) | | 1 (Ref) | |
| | small bowel distal | 1.52 (0.52-4.42) | 0.435 | 0.80 (0.21-3.06) | 0.740 |
| | large bowel | 6.54 (0.75 - 57.3) | 0.09 | 0.77 (0.05-11.30) | 0.847 |
| | small bowel level unknown | 0.62 (0.24 - 1.6) | 0.323 | 1.59 (0.47-5.40) | 0.460 |
| Site | Single site | 1 (Ref) | | 1 (Ref) | |
| | Multiple site | 0.15 (0.06-0.39) | <0.001 | 0.47 (0.14-1.66) | 0.244 |
| Surgery | No | 1 (Ref) | | 1 (Ref) | |
| | Yes | 7.17 (2.09-24.5) | 0.002 | 3.69 (0.83-16.42) | 0.086 |
| Platinum free interval (months) | <6 | 1 (Ref) | | 1 (Ref) | |
| | >=6 | 1.84 (0.89 - 3.81) | 0.099 | 1.43 (0.60-3.40) | 0.417 |

total of 166 patients were included. Mean number of prior lines of chemotherapy was 2 (range 1-6). At a median follow up of 28 months from diagnosis of MBO, the median OS was 3.12(1.82-4.41) months. Of the 166 patients, 46(27.7%) underwent palliative bowel surgery and 120(72.3%) had non-surgical management. Successful surgical diversion was achieved in 41/46(89%) patients, and 3(6.5%) died of post-operative complications. Patients without ascites had significantly better odds of restarting oral feeds (p = 0.001). On multivariate analysis, presence of ascites (HR 1.97, 95%CI 1.19 – 3.26, p=0.008) and peritoneal carcinomatosis (HR 11.18, 95%CI 1.44 – 86.59, p=0.021) at diagnosis of MBO was significantly associated with poor survival. Patients who underwent palliative bowel surgery had significantly better survival (HR 0.41, 95%CI 0.23 – 0.74, p=0.003) (Table 2).

Conclusion/Implications: Outcome after onset of MBO is poor, with patients having ascites and peritoneal carcinomatoses faring worse. Treatment should be individualized. Surgical intervention results in good outcome in carefully selected patients.

EP085 / #1011

Topic: AS03. Patient-Centered Care / AS03b. Palliative, Symptomatic & Supportive Care

THE PSYCHOLOGICAL IMPACT OF TREATMENT INTERRUPTION IN RADIATION THERAPY FOR BREAST CANCER PATIENTS

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Introduction: Prolonged overall treatment time in radiotherapy can affect the mental health of breast cancer patients. This study aimed to evaluate the causes and psychological consequences of treatment interruptions at the Salah Azaiez Institute.

Methods: A cross-sectional analytical study was conducted at the Radiation Oncology Department of the Salah Azaiez Institute (March - April 2025), including 20 breast cancer patients treated between April 2024 and 2025 (identified via the ARIA System) who experienced radiotherapy interruptions. Data were collected using a validated questionnaire. Interruptions were defined by the gap between actual and expected treatment duration. Psychological impact was assessed using HADS.

Results: The median age was 54 years (range: 41–66), all female. During treatment, 7 patients resided temporarily near the institute (five for free). Seven were hospitalized, 2 lived nearby, and 4 commuted daily. Nine patients were unaccompanied during treatment. The median number of fractions was 20 (range: 15–20), over 32 days (range: 21–50), with a median interruption of 5 days (range: 1–15). Interruptions were due to equipment breakdowns (15), public holidays (4) and intercurrent illnesses (1), often occurring at multiple times (13). Twelve patients were informed, and all received compensatory sessions. Psychological effects included increased stress/anxiety (11), loss of motivation (10), fear of reduced efficacy (8), feelings of neglect by the care team (5) and sleep disturbances (8). Only one considered discontinuing treatment. Sixteen reported improved emotional well-being due to family support.

Conclusion/Implications: Frequent treatment interruptions, mainly due to technical issues, caused significant psychological distress, highlighting the need for integrated psychosocial support in radiotherapy care.

EP086 / #606

Topic: AS03. Patient-Centered Care / AS03b. Palliative, Symptomatic & Supportive Care

PROSPECTIVE ASSESSMENT OF IMPACT OF GYNAECOLOGICAL CANCERS ON PSYCHOLOGICAL HEALTH OF NORTH INDIAN WOMEN.

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Introduction: Psychological health of women with gynaecological cancers is adversely affected but usually under reported. This study was planned to estimate the psychological abnormalities using Depression, anxiety and stress scale (DASS 21 SCALE) at the time of diagnosis and after treatment completion.

Methods: This prospective survey study was conducted on 155 cases of gynaecological cancer in a tertiary care teaching hospital. Ethical clearance was obtained from Institutional ethics committee and informed consent from participants. Demographic and disease details were tabulated. **DASS 21 scale** questionnaire and self-report instrument, with 7 questions each for depression, anxiety and stress was used at the time of diagnosis and after 1 month of treatment completion. Data was analyzed using the SPSS statistical software 23.0 Vs using Chi square test, Shapiro–Wilk test and Levene's test.

Results: 93% cases had depression, 94% anxiety and 95% stress at the time of diagnosis that declined significantly after treatment. Most cases had moderate depression (48%) anxiety (45.2 %) and stress (51%) at diagnosis which shifted to mild grade after treatment (p value=0.001). Severe depression, anxiety and stress were seen in 28%, 24% and 26% respectively that decreased significantly after treatment to 19%, 14% and 19%. Severe DAS was seen in 30% of ovarian, cervical, vulvar cancer each and 15% of GTN that significantly reduced in ovarian, cervical and GTN.

Conclusion/Implications: Almost all patients of gynaecological cancer suffer with depression, anxiety and stress which is significantly reduced with cancer treatment.

EP087 / #694

Topic: AS03. Patient-Centered Care / AS03b. Palliative, Symptomatic & Supportive Care

PREVALENCE & CLASSIFICATION OF ANEMIA IN PATIENTS OF GYNECOLOGICAL MALIGNANCIES

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Introduction: . Prevalence of anemia is high among the Indian female population. There is a paucity of data on prevalence of anemia and its types and severity among patients suffering from gynecological malignancies. Majority of patients are of localized or loco-regional disease that is amenable to surgical management with adjuvant therapy, anemia may delay initiation of treatment or adversely affect post-treatment recovery and patient prognosis. and also impedes adequate treatment of the cancers by surgery, radiation therapy and chemotherapy.

Methods: 120 patients suffering from a diagnosed or suspected gynecological malignancy (cervix, uterus, ovary, vulva), attending OPD for the first time, not previously treated for anemia/malignancy, having hemoglobin less than 11gm/dl, hematocrit less than 35 and 25 women presenting with benign gynecological disorder mimicking or with suspicion of malignancy were included in the study between August 2023 to February 2025. The severity and type of anemia was assessed by hematological tests.

Results: Mild anemia (mean 10.2 gm/dl) was seen in 60 %, severe in 30% (mean Hb 7.3 gm/dl) and moderate anemia in 10 % of the population (mean Hb 8.7 gm/dl). Carcinoma cervix was the commonest malignancy (mean Hb 8.9 gm/dl). Relative proportion of severe anemia was higher among carcinoma ovary (mean Hb 7gm/dl). Commonest stage for carcinoma ovary and cervix was stage 3. Intravenous iron therapy was most commonly and effectively given in moderate to mild anemia.

Conclusion/Implications: Prevalence of nutritional anemia among gynecological cancer patients is high. Appropriate prehabilitation programmes are therefore important.

EP088 / #295**Topic:** AS03. Patient-Centered Care / AS03b. Palliative, Symptomatic & Supportive Care**SYSTEMIC ANTICANCER THERAPY PRACTICES AT THE END OF LIFE AMONG GYNECOLOGIC ONCOLOGY PATIENTS**

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Introduction: Systemic anticancer therapy at the end-of-life increases hospitalizations, inpatient deaths, and goal discordant care. We implemented policies and reviews to minimize this outcome among gynecologic oncology patients.

Methods: Retrospective review 4/2023-3/2025 of patient deaths within 30 days of systemic therapy. Detailed review evaluated a representative subset 4/2024-10/2024 with plans to expand data collection.

Results: 4/2023-3/2025, 627 patients received systemic therapy. 6.2% received systemic therapy within 30 days and 2.4% within 14 days of death; mean within 18 days of death. 92% of patients received outpatient and 8% inpatient therapy. 12% died inpatient, 88% elsewhere. The subgroup included 218 patients. 5.0% received systemic therapy within 30 days and 1.4% within 14 days of death. All received outpatient treatment for metastatic disease. 13% died inpatient, 87% died elsewhere. All patients had hospitalizations within three months of death (55% with 3+, 27% with 2, 18% with 1). 36% had ovarian cancer, 27% cervical, 27% endometrial, 9% vaginal. 64% received 3rd line or later treatment, 18% 2nd line and 18% 1st line. 45% received final therapy as first dose of a new treatment regimen. 37% received chemotherapy, 27% immunotherapy, 18% immunotherapy/targeted therapy, 9% chemotherapy/immunotherapy, 9% targeted therapy. 73% had advance care planning documented within final 6 months. 18% discussed life expectancy, 36% discussed hospice.

Conclusion/Implications: Gynecologic oncology patients receiving systemic therapy at the end-of-life had advance care planning documentation, but inadequate discussion of life expectancy and hospice. Many started a new line of therapy immediately prior to death with immunotherapy and targeted therapy.

EP089 / #973

Topic: AS03. Patient-Centered Care / AS03b. Palliative, Symptomatic & Supportive Care

SOCIAL DETERMINANTS AND STRUCTURAL BARRIERS ASSOCIATED WITH PALLIATIVE CARE UTILIZATION AMONG BLACK AND HISPANIC PATIENTS IN THE U.S.

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Introduction: The objective was to evaluate social determinants and structural barriers associated with palliative care (PC) utilization among Black and Hispanic (BH) patients with metastatic gynecologic cancers, including Hispanic subgroups.

Methods: We included BH patients from the U.S. National Cancer Database with stage III/IV gynecologic cancers (ovary, uterus, cervix, vulva, vagina), 2004-2022 to evaluate associations of social/structural factors (income, education, insurance, state Medicaid expansion status, geographic region, urban/rural, distance to facility, facility type) with PC utilization by multivariable logistic regression, overall and stratified by Black race and Hispanic ethnicity.

Results: Of the 55,276 BH patients identified, 3716 (6.7%) received PC. PC utilization by BH patients with no insurance, Medicaid, or Medicare was higher vs. those with private insurance (adjusted odds ratio [aOR] 1.52, 1.19, and 1.41, all $p < 0.001$, respectively). PC use by BH was higher in the Northeast/Midwest and lower in the West vs. the South (aOR 1.49, $p < 0.001$; aOR 1.17, $p = 0.039$, aOR 0.74, $p = 0.007$, respectively). BH patients living farthest from the facility were less likely to receive PC (aOR 0.85, $p = 0.020$). Distance to facility was significant for Black patients (aOR 0.83, $p = 0.030$) but not Hispanics. BH patients at integrated cancer networks or comprehensive community programs had higher PC use than at academic institutions. Among Hispanic patients, disaggregated Hispanic subgroup was not associated with receipt of PC.

Conclusion/Implications: Insurance, geographic region, distance to facility, and facility type were social/structural factors associated with PC utilization among Black/Hispanic patients with metastatic gynecologic cancers. These associations were generally consistent across Black and Hispanic racial-ethnic groups.

EP090 / #1134

Topic: AS03. Patient-Centered Care / AS03b. Palliative, Symptomatic & Supportive Care

EXTRAGONADAL IMMATURE TERATOMA WITH METASTASES TO VULVA AND INGUINO-PELVIC LYMPH NODES. A RARE CASE

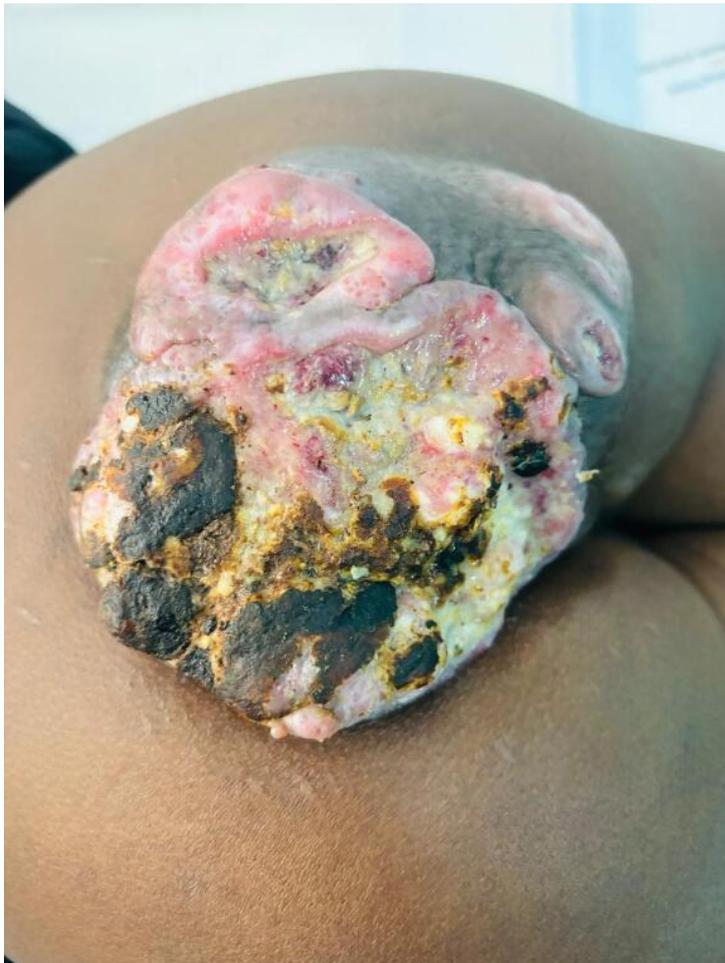
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Introduction: A teratoma is a germ cell tumor made up of one or more tissues that are derived from cells which belong to three germinal layers. Extragenadal teratoma (EGT) is very rare. When it presents in teenagers, the prognosis is better. There are few studies on extragonadal teratoma outside childhood setting.

Methods: We describe a rare case of extragonadal immature teratoma

Results:





We present a case of a 17-year-old girl with a two-year history of a large gluteal mass in the midline (figure A) with enlarged inguinal lymph nodes. A biopsy from this tumor reported an immature teratoma. FNA of the lymph nodes demonstrated the features of a neoplasm of uncertain malignant potential. The Magnetic Resonance Imaging revealed a large, lobulated mass arising from right buttock, extending into the midline gluteal cleft, posterior to the tip of the coccyx 9.5x6x8cm. Extensive pelvic lymphadenopathy with massive nodes in bilateral inguinal, external and common iliac chains. Normal uterus. Normal ovaries. The patient was treated as a case of germ cell tumor, yolk sac with components of immature teratoma. She was treated using Bleomycin Etoposide and Cisplatin (BEP) with good response (figure B).

Conclusion/Implications: EGT is a very rare disease entity in teens and adults. Chemotherapy was used as a primary mode of treatment, and the response has been satisfactory in the index case presented.

EP091 / #278**Topic:** AS03. Patient-Centered Care / AS03b. Palliative, Symptomatic & Supportive Care**EXPLORING THE PREDICTORS AND IMPACT OF INPATIENT CHEMOTHERAPY IN GYNECOLOGIC ONCOLOGY**

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Introduction: Inpatient chemotherapy is considered for gynecologic oncology patients with poor performance-status or advanced disease. Currently, no guidelines define optimal inpatient chemotherapy indications to balance oncologic outcomes with morbidity/mortality risks. This study presents descriptive characteristics and oncologic outcomes of inpatient chemotherapy recipients in gynecologic malignancies.

Methods: Retrospective chart review included inpatient chemotherapy recipients ≥ 18 years with histologically confirmed gynecologic cancer, treated between January 1, 2010-December 31, 2020. Elective admissions for hypersensitivity reactions or inpatient regimens (e.g., EMA-CO/EMA-EP) were excluded. Descriptive statistics summarized cohort characteristics and treatment patterns.

Results: Among 107 patients, median age was 62.6 years (IQR 52.8-71.2), with advanced disease (42.1% stage 3, 53.3% stage 4) of tubo-ovarian/primary peritoneal (63.8%), endometrial (15%), or uterine sarcoma (13.1%) origin. Common admission diagnoses were bowel obstruction (30.8%) or infection (29.9%), with 57.9% being anemic (hemoglobin $< 100\text{g/L}$) and 87.9% malnourished (albumin $< 30\text{g/L}$, 26.2% intravenous/enteral nutrition). Chemotherapy was palliative in 55.1%, with 27.1% switched to single-agent carboplatin for frailty. Early morbidity was high: 57.9% represented to emergency (25.9% ≤ 30 days, 41.7% ≤ 90 days), and 51.4% were readmitted (23.2% ≤ 30 days, 38.9% ≤ 90 days). Nine (8.4%) died in hospital. Median post-treatment survival was < 6 months (176 days, IQR 64-361) with overall survival 1.2 years (IQR 0.6-2.61). Of discharged patients, 25.2% had no further chemotherapy, 57.9% did not complete intended line of treatment.

Table 1: Baseline Demographics

| | All patients receiving inpatient chemotherapy (N=107) |
|--|---|
| Demographic Characteristics | |
| Age (median in years, IQR) | 62.6 (52.8, 71.2) |
| MFI-5 (median score, IQR) | 1 (1,2) |
| Deyo-Charlson Comorbidity Index (median score, IQR) ¹ | 2 (2, 2) |
| Intravenous or enteral nutrition (N, %) | 28 (26.2%) |
| Biochemical profile on admission (N, %) | |
| Hemoglobin <100 g/L | 62 (57.9%) |
| Albumin < 30g/L | 94 (87.9%) |
| Total bilirubin >30umol/L | 3 (2.8%) |
| Creatinine level >120umol/L | 18 (16.9%) |
| Leukocytes >11 x 10 ⁹ /L | 38 (35.5%) |
| Indication for index hospital admission (N, %) | |
| Gastrointestinal ² | 33 (30.8%) |
| Systemic ³ | 22 (20.6%) |
| Infection ⁴ | 32 (29.9%) |
| Pain / Failure to Thrive | 6 (5.6%) |
| Renal | 7 (6.5%) |
| Other | 7 (6.5%) |
| Oncologic Factors | |
| Type of gynecologic cancer (N, %) | |
| Tubo-ovarian, primary peritoneal | 68 (63.6%) |
| Endometrial | 16 (15.0%) |
| Sarcoma, non-endometrial uterine | 14 (13.1%) |
| Cervical | 8 (7.5%) |
| Vulvar | 1 (0.9%) |
| FIGO stage at diagnosis (N, %) | |
| Stage 1 | 2 (1.9%) |
| Stage 2 | 3 (2.8%) |
| Stage 3 | 45 (42.1%) |
| Stage 4 | 57 (53.3%) |
| Treatment Factors | |
| Intent of inpatient chemotherapy received (N, %) | |
| Neoadjuvant | 41 (38.3%) |
| Adjuvant | 7 (6.5%) |
| Palliative | 59 (55.1%) |
| Type of chemotherapy regimen received (N, %) | |
| Single agent ⁵ | 48 (44.9%) |
| Doublet agent every 3 weeks | 52 (48.6%) |
| Three or more agents | 3 (2.8%) |
| Other | 4 (3.7%) |
| Conversion to single agent chemotherapy due to frailty (N, %) | 29 (27.1%) |
| Line of chemotherapy (median number, IQR) | 1 (1, 2) |
| Disposition Factors | |
| Discharge Location (N, %) | |
| Home | 74 (69.2%) |
| Subacute rehabilitation | 8 (7.5%) |
| Transferred to another hospital | 7 (6.5%) |
| Hospice | 6 (5.6%) |
| Long term care | 3 (2.8%) |
| Not applicable (died on index admission) | 9 (8.4%) |
| Palliative care consultation performed (N, %) | 62 (57.9%) |
| Time from first inpatient chemotherapy cycle to discharge (median days, IQR) | 7 (3, 22) |

1. Deyo-Charlson Comorbidity Index (DCCI) at first inpatient chemotherapy cycle, predicts risk of mortality 10-year survival in patients with multiple comorbidities based on composite of 17 weighted comorbidity conditions, where 0 points: No comorbidities, indicating a lower risk of mortality, 1-2 points: Mild comorbidity burden, slightly higher risk of mortality, 3-4 points: Moderate comorbidity burden, associated with a moderate increase in mortality risk, 5+ points: High comorbidity burden, indicating a significant increase in mortality risk.

2. Gastrointestinal indications include bowel obstruction/perforation, intractable nausea, vomiting, decreased oral intake

3. Systemic infections include respiratory distress, hypoxia, cardiovascular event, venous thromboembolism, or bleeding/symptomatic anemia

4. Infection includes localized infections, sepsis, and febrile neutropenia

5. Single agent chemotherapy refers to decision to proceed with single-agent carboplatin as opposed to doublet chemotherapy regimen due to patient frailty, at the physician's discretion

Table 2: Morbidity and Mortality Outcomes

| | All patients receiving inpatient chemotherapy (N=107) |
|--|--|
| <i>Emergency Room Visits and Hospital Readmission</i> | |
| Emergency room visit ≤ 30 days of discharge (N, %) | 28 (25.9%) |
| Emergency room visit ≤ 90 days of discharge (N, %) | 45 (41.7%) |
| Hospital readmission ≤ 30 days of discharge (N, %) | 25 (23.2%) |
| Hospital readmission ≤ 90 days of discharge (N, %) | 42 (38.9%) |
| Time from discharge to subsequent hospital readmission (median days, IQR) | 36 (11, 90) |
| Indication for hospital readmission (N, %) | |
| Gastrointestinal ¹ | 13 (12.3%) |
| Systemic ² | 14 (13.2%) |
| Infection ³ | 10 (9.4%) |
| Pain / Failure to Thrive | 16 (15.9%) |
| Renal | 2 (1.9%) |
| Other | 51 (48.1%) |
| <i>Treatment Outcomes</i> | |
| Intended line of chemotherapy was completed (N, %) | 45 (42.1%) |
| Total inpatient cycles received (median number, IQR) | 1 (1, 1) |
| Total cycles of same regimen received (median number, IQR) | 3 (2, 6) |
| <i>Survival Outcomes</i> | |
| Age at death (median years, IQR) | 64.8 (53.7, 72.2) |
| Overall survival, diagnosis to death (median years, IQR) | 1.2 (0.6, 2.61) |
| Survival after inpatient chemotherapy (median days, IQR) | 176 (64, 361) |
| Died on index hospitalization after receiving inpatient chemotherapy (N, %) | 9 (8.4%) |

1. Gastrointestinal indications include bowel obstruction/perforation, intractable nausea, vomiting, decreased oral intake

2. Systemic infections include respiratory distress, hypoxia, cardiovascular event, venous thromboembolism, or bleeding/symptomatic anemia

3. Infection includes localized infections, sepsis, and febrile neutropenia

Conclusion/Implications: Conclusion: Inpatient chemotherapy recipients had low treatment completion rates, high morbidity, and poor prognoses. Future studies are required to risk-stratify indications that maximize benefit while reducing risks from inpatient chemotherapy in gynecologic cancers.

EP092 / #861**Topic:** AS03. Patient-Centered Care / AS03b. Palliative, Symptomatic & Supportive Care**SEXUAL FUNCTION AMONG GYNECOLOGICAL CANCER SURVIVORS IN ZARIA, NIGERIA**

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Introduction: Sexual health care needs of women with gynecological malignancies are sometimes overlooked by health care professional. This study assessed the sexual function of gynecological cancer survivors.

Methods: It was a cross sectional descriptive study involving all women with gynecological cancers accessing care at Ahmadu Bello University Teaching Hospital, Zaria from 1st January 2025 to 30th April 2025. Sexual function was assessed using the Female Sexual Function Index (FSFI). Score below 26.5 is considered a good indicator of sexual dysfunction. The level of significance was set at $p \leq 0.05$.

Results: The mean age of participants was 52.3 ± 8.9 years. A total of 71.1% had sexual partners but only 14.8% of those with sexual partners had sexual intercourse within the last 4 weeks of participating in the study. The overall score was low (9.95). The score was also low across all domains (Desire 5.2, Arousal 0.87, Lubrication 0.41, Orgasm 0.41, Satisfaction 2.5). There was no association between sexual function and age ($p=0.26$), type of cancer ($p=0.8$) and stage of cancer ($p=0.3$). However, women who had completed treatment had higher FSFI scores when compared to those that were yet to start treatment and those that were undergoing treatment during the study period and the difference was statistically significant ($p=0.02$).

Conclusion/Implications: The FSFI score indicate sexual dysfunction among the participants. This calls for a need to explore the factors that affect sexual health among these women and to incorporate sexual health care into routine package of care given to gynecological cancer survivors.

EP093 / #446

Topic: AS03. Patient-Centered Care / AS03c. Patient Advocacy & Survivorship

SEXUAL CARE AFTER RADIOTHERAPY CLINIC

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Introduction: Radiotherapy patients have a high level of unmet sexuality needs both before, during and after treatment. It is reported that this area is neglected in routine cancer follow up with healthcare professionals being uncomfortable at discussing sexuality and intimacy; and not having the time or skills to address and manage these issues.

Methods: Three Therapeutic Radiographers trained with the Institute of Psychosexual Medicine and set up a Therapeutic Radiographer-led Sexual Care after Radiotherapy Clinic where we see patients who have had radiotherapy treatment and are struggling with sexual function, body image or intimacy concerns.

Results: Since late 2018 we have seen 208 patients. Some patients have had one appointment and others have had up to four appointments. In 2021 patient responses were overwhelmingly positive. The most common words used in the feedback were “*compassionate, professional, supportive, understanding and caring*”. A more recent audit showed that staff have been described as “*compassionate, caring and helpful*” and “*polite and understanding*”. Patients reported “*...great to know there’s a place and follow up beyond radiotherapy*”, “*thank you for making this service available*”, “*thank you for helping to discuss a difficult subject*” and “*I’m so grateful to have had this opportunity to discuss how to improve my sexual health and relationship with my partner*”.

Conclusion/Implications: We have made a positive impact on survivorship for the patients that we have seen to date. Future work would be to try to capture patients from all disease sites as we have only seen patients with urological, breast, gynaecological and colorectal cancers.

EP094 / #839

Topic: AS03. *Patient-Centered Care / AS03c. Patient Advocacy & Survivorship*

CARING FOR WOMEN WITH VULVAL CANCER: A NATIONAL SURVEY OF NURSE SPECIALISTS IN GYNAECOLOGICAL ONCOLOGY

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Introduction: Over the last three decades there has been growing interest in the field of cancer survivorship with a particular focus on community and nurse-led models of care. Such models have been shown to be cost-effective without compromising on healthcare outcomes and have been associated with increased levels of user satisfaction. In Ireland we use a combined model of care with considerable nurse-led input. As such, our nursing colleagues are ideally placed to provide insight into service provision and user experience.

Methods: 25 nurse specialists (clinical nurse specialists and advanced nurse practitioners) over 7 gynaecological oncology hubs in the Republic of Ireland were invited to take part in an online survey that explored their experience of treating women with a diagnosis of vulval cancer. Domains explored included service infrastructure, resourcing and confidence in care. Participants were also asked to give feedback on potential deficits in care and areas for service improvement.

Results: 24 nurses [gynaecological oncology (n=18) and radiation oncology (n=6)] responded to the survey (response rate 96%). 42% provided a dedicated nurse-led follow-up clinic within their service. Confidence levels (for addressing the physical, social and psychosexual effects of vulval cancer) were high (72% 'very' to 'extremely' confident). Suggestions for service improvement underwent a grouped thematic analysis; these themes are summarised in Figure 1.

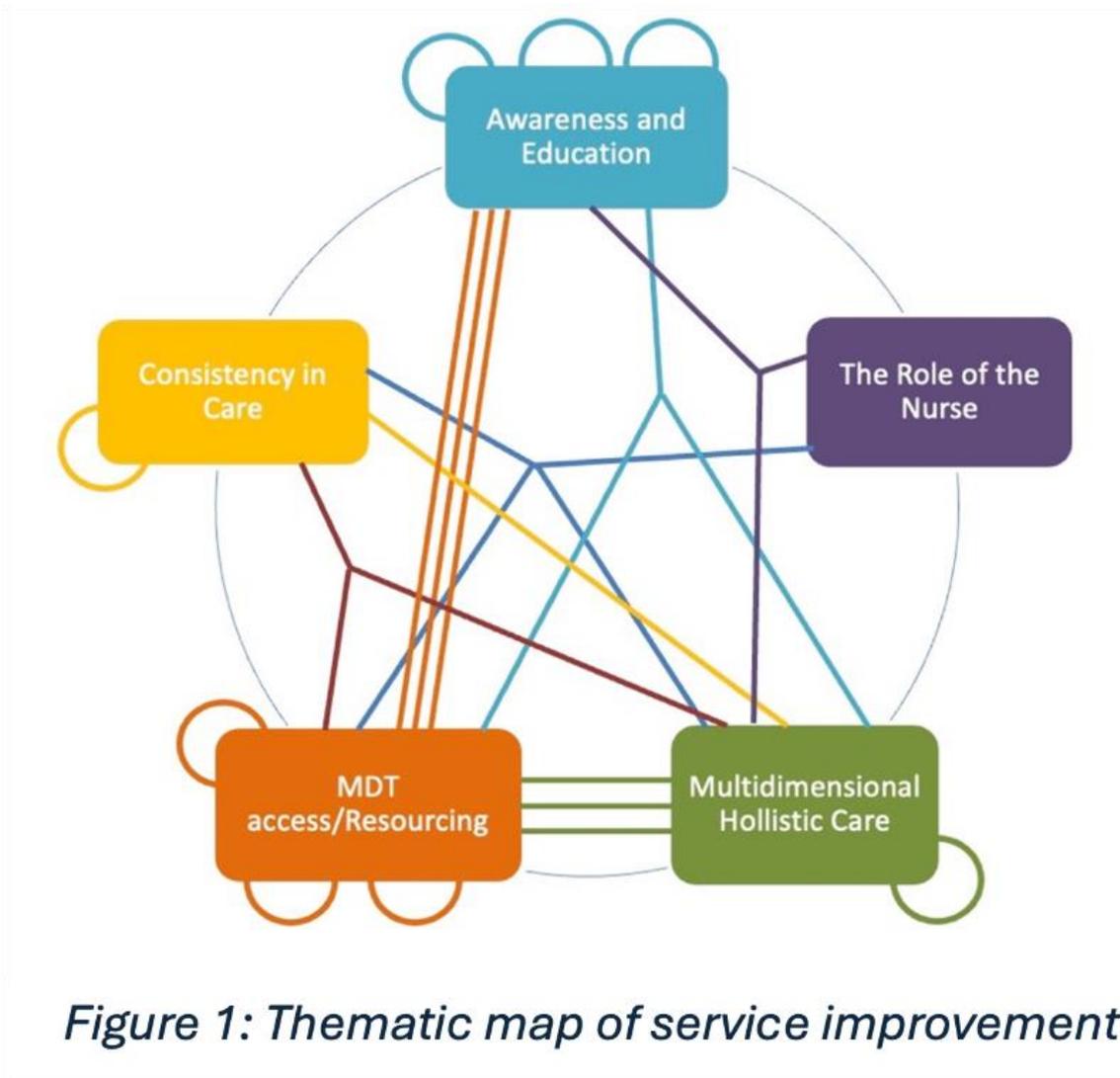


Figure 1: Thematic map of service improvement

Conclusion/Implications: The role of the nurse specialist in the field of survivorship continues to expand. They provide an expertise that complements clinician input and can provide invaluable insight into service delivery and the patient experience.

EP095 / #1068

Topic: AS03. Patient-Centered Care / AS03c. Patient Advocacy & Survivorship

THE POWER OF SELF IN SURVIVORSHIP: A STUDY OF PATIENT INITIATED FOLLOW UP FOLLOWING GYNAECOLOGICAL CANCER IN NORTHERN IRELAND

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Introduction: Traditional fixed-interval follow-up for early-stage gynaecological cancers and borderline ovarian tumours can be resource-intensive and may not align with individual patient needs. Patient-initiated follow-up (PIFU) offers a more patient-centred approach. This study aimed to evaluate the outcomes of patients managed with PIFU following primary surgical treatment for these conditions in Northern Ireland.

Methods: A retrospective analysis was conducted on all early stage cervical and endometrial malignancies, as well as borderline ovarian tumours, who underwent primary surgery between 2015 and 2025 in Northern Ireland and were offered a PIFU pathway. Data collected included patient demographics, treatment details, recurrence rates, and survival outcomes. Statistical analysis involved descriptive comparisons of mean demographic data across the three tumour groups and Kaplan-Meier survival analysis.

Results: 434 patients diagnosed with early-stage endometrial (n=219), cervical (n=112) malignancies, or borderline ovarian tumours (n=103) were included. Treatment modalities reflected standard surgical approaches for each cancer type.

Conclusion/Implications: This retrospective analysis provides insights into the application and outcomes of PIFU in a Northern Irish cohort of patients with early-stage gynaecological malignancies and borderline ovarian tumours. The findings will contribute to understanding the feasibility and safety of PIFU in this setting and inform future prospective studies and the development of PIFU strategies within gynaecological oncology services.

EP096 / #675**Topic:** AS03. Patient-Centered Care / AS03c. Patient Advocacy & Survivorship**LEVEL OF PHYSICAL ACTIVITY AND QUALITY OF LIFE OF GYNECOLOGICAL CANCER PATIENTS IN A TERTIARY HOSPITAL IN GHANA**

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Introduction: Regular engagement in physical activity(PA) during cancer treatment improves treatment outcomes and the quality of life of cancer patients. Although there is global advocacy for cancer patients to participate in physical activity, in Ghana, physical activity in cancer management is under-explored, and there is no data on the physical activity profile of gynecological cancer patients. This study determined the level of physical activity and quality of life of gynecological cancer patients in Ghana.

Methods: A cross-sectional study was conducted among 40 gynecological cancer patients at a tertiary hospital in Ghana. Patients' levels of physical activity and quality of life(QoL) were determined using the International Physical Activity Questionnaire(IPAQ) and European Organization on Research and Treatment of Cancer Quality of Life Questionnaire(EORTC-QLQ 30), respectively. PA levels were classified as inactive, minimally active, or Health Enhancing Physical Activity(HEPA) active. Spearman's rank correlation was used to determine the relationship between physical activity and quality of life.

Results: Walking was the most performed activity, but at a lower rate, thus, all patients were classified as inactive. The median MET-minute/week for patients' activities was 128.7MET-min/week. Most participants(70%) reported sitting for at least one hour per day. Majority(62.5%) had overall low QoL. Most patients experienced financial difficulty(95%), pain(62.5%) and difficulty in role performing function(67.5%). Psychosocial function was high among patients. There was a statistically significant positive correlation between physical activity and role-performing function($p=0.029$), emotional function($p=0.022$), and cognitive function($p=0.026$).

Conclusion/Implications: With low PA levels reported, research is needed to explore the barriers to PA participation among gynecological cancer patients in Ghana.

EP097 / #674

Topic: AS03. Patient-Centered Care / AS03c. Patient Advocacy & Survivorship

AWARENESS & MYTHS ABOUT PROPHYLACTIC HUMAN PAPILLOMA VIRUS VACCINATION AMONG CERVICAL CANCER SURVIVORS - A SURVEY STUDY

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Introduction: In many developed countries the incidence and mortality rates from cervical cancer are decreasing due to the high rate of HPV vaccination and cervical cancer screening. In India the prophylactic vaccination and screening for cervical cancer is opportunistic, depending on multiple factors. To improve uptake, advocacy for vaccination and screening, is observed as effective. Cancer survivors are good advocates of cancer prevention & early detection.

Methods: Mixed method survey study to assess awareness, attitude, perceived barriers and myths towards the HPV vaccination among cervical cancer survivors. The survey was conducted by nurses while the in-depth interviews were by a specialist clinician.

Results: 120 cervical cancer survivors participated between August to December 2024 and 20 among them were identified for the in-depth interviews. 90 % women were not aware of the HPV vaccine. Readiness to promote vaccination was high (95%) if the vaccines were provided free of cost, while 34 women refused to advocate for the vaccine. Reasons for not advocating were primarily absence of eligible family member. Commonest barriers were cost and fear of side-effects (92% & 89%). 76 % women wanted to know more about the vaccine, mostly regarding the vaccine eligibility of older girls and women, cost of vaccine, necessity of more than one dose, prevention of 'other' cancers and whether it could 'treat' cervical cancer and other cancers

Conclusion/Implications: The most common barriers to advocacy were lack of awareness about the existence and indications of HPV vaccination, its cost and fear of side-effects

EP098 / #733

Topic: AS03. Patient-Centered Care / AS03c. Patient Advocacy & Survivorship

SHEDDING LIGHT ON BONE HEALTH AMONG GYNAECOLOGICAL CANCER SURVIVORS

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Introduction: Both the primary effects of cancer and treatments employed can contribute to alterations in bone metabolism, often resulting in bone loss. Bone health remains a neglected part during the routine long-term follow-up of these patients. This study evaluated bone health among gynaecological cancer survivors which may guide us in future to know whether cancer survivors need routine bone health evaluation and directed treatment during their routine follow-up.

Methods: It was a cross-sectional study, including 125 gynaecological cancer-survivors post-treatment and disease-free for at least one year. Bone mineral density (BMD) assessment was done by DXA scan. Statistical analysis was performed using IBM SPSS ver. 23.0 and p value < 0.05 was statistically significant.

Results: It included 56 CA ovary survivors (44.8%), 38 were CA cervix survivors (30.4%) and 31 CA endometrium survivors (24.8%). The mean age and BMI was 49.45 ± 7.88 years and 25.67 ± 4.99 kg/m² respectively. Based on T and Z score, 29.6%, 42.4% and 28.0% of participants had normal bone density, osteopenia, osteoporosis at lumbar spine. Participants in the group surgery +CT; surgery + RT; surgery +CTRT; CTRT had osteopenia in 51.7%, 50.0%, 33.3% and 45.5% respectively and osteoporosis in 27.6%, 50.0%, 44.4% and 36.4% respectively. There was significantly lower BMD, T & Z scores in CA cervix survivors as compared to CA endometrium and CA ovary survivors.

Conclusion/Implications: Results highlighted significant bone-health issues among the survivors. It underscores the need for implementing routine bone density screening, targeted interventions to improve bone health and quality of life.

EP099 / #716

Topic: AS03. *Patient-Centered Care / AS03c. Patient Advocacy & Survivorship*

IDENTIFYING THE INFORMATIONAL NEEDS, CHALLENGES, AND OPPORTUNITIES TO IMPROVE QUALITY OF LIFE FOR WOMEN WITH OVARIAN CANCER AT TYGERBERG HOSPITAL IN CAPE TOWN, SOUTH AFRICA.

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Introduction: Ovarian cancer has the highest mortality rate among gynaecologic cancers, with the majority of affected women residing in low- and middle-income countries (LMICs).^{1,4} The Every Woman Study (EWS) was implemented in LMICs due to the scarcity of data available on ovarian cancer in these settings. The main objective of EWS was to explore the obstacles faced by ovarian cancer patients and to highlight ways to enhance early diagnosis and improve quality of life outcomes.

Methods: A cross-sectional, observational study was carried out at the Tygerberg Hospital Gynaecologic Oncology Unit between 1 June and 31 December 2023. The study included women aged 18 years and older who had been diagnosed with ovarian cancer within the past five years.

Results: A total of 36 participants completed the survey. The median age was 54 years. The most frequently reported symptom was abdominal distension (72.2%). Most women (66.7%) initially consulted their general practitioner about their symptoms. Only a quarter (25%) had any prior awareness of ovarian cancer. Healthcare professionals were reported as the primary source of information. Over 65% of participants had never used the internet to look up health information. A significant majority (82.4%) expressed that hospitals should provide relevant information.

Conclusion/Implications: Awareness of ovarian cancer remains low among women in this population. There is a clear need for more patient education. As the incidence of ovarian cancer is expected to rise, increasing awareness among both patients and healthcare providers is critical to facilitate earlier detection and improve patient outcomes.

EP100 / #504

Topic: AS04. Prevention & Downstaging / AS04a. Pre-Invasive Disease

OUTCOME OF COLPOSCOPY IN A NIGERIAN TEACHING HOSPITAL: A 5-YEAR REVIEW

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Introduction: Background: Colposcopy is a standard diagnostic procedure for diagnosis of premalignant lesion of cervix and highly subjective. **Aim:** To review colposcopy findings and diagnostic accuracy of colposcopic examination compared with histology at the University of Abuja Teaching Hospital.

Methods: A 5-year retrospective review of 348 patients who had colposcopy from 1st January 2020 to 31st December 2024. Colposcopy was performed by Gynaecologists using Leisegang and Pentax colposcopes directed biopsies were taken from those with suspected lesions using the Tischler forceps. The tissue was immediately fixed in formalin, labelled, and transported to the pathology laboratory. Colposcopic findings and relevant clinical information, as well as the histology result for each patient were recorded. The data were analysed using the Statistical Package for Social Science Version 21. Quantitative variables were summarized as mean and standard deviation, whereas qualitative data were summarized as percentages and frequencies.

Results: Three hundred and forty-eight (348) colposcopies were performed from 2020 to 2024. The patients' ages ranged from 20-70 years, with a mean age of 42 years. The commonest indication for colposcopy was HSIL on Pap smear cytology (40.80%). Most of the patients (41.4%) had high-grade lesion on colposcopy. Biopsies were taken from 297 patients out of which 163 (54.9%) were histologically confirmed as premalignant lesions, and 59 (36.2%) had loop electrosurgical excision procedure (LEEP). Sixty-four (21.55%) patients had invasive cervical cancer of which 4 were microinvasive.

Conclusion/Implications: The commonest indication for colposcopy was premalignant cervical lesion with only 36% receiving LEEP treatment. Also, our colposcopy has a good diagnostic accuracy.

EP101 / #338

Topic: AS04. Prevention & Downstaging / AS04a. Pre-Invasive Disease

USE OF VIRTUAL REALITY TO ENHANCE PATIENT EXPERIENCE DURING CERVICAL CONIZATION UNDER LOCAL ANESTHESIA, A RANDOMIZED CONTROLLED STUDY

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Introduction: Cervical conization under local anesthesia is often associated with anxiety and procedural pain. Virtual reality (VR) glasses may enhance patient experience and reduce discomfort during medical interventions. We aimed to evaluate whether VR use during conization improves patient-reported outcomes and procedural tolerance.

Methods: In this randomized controlled study, women undergoing cervical conization under local anesthesia were assigned to either a control group (no VR) or a study group using VR glasses during the procedure. Demographics, baseline anxiety levels, anticipated pain, intra-procedural pain, heart rate, patient satisfaction, and surgeon-reported procedural difficulty were compared between groups. Anticipated and actual pain were assessed using a 0–10 Visual Analog Scale (VAS)

Results: A total of 63 women were recruited. The two groups were comparable in age, BMI, pathology, and anticipated pain (median 5.0 vs. 6.0, $p=0.667$). No significant difference was found between groups in pain experienced during the procedure (median 3.0 vs. 2.0, $p=0.318$), discomfort, anxiety, or heart rate. Experienced pain was significantly lower than anticipated in both groups ($p < 0.001$). Patient satisfaction was high in both groups, 90% of patients who used VR would recommend it to others. Minor adverse effects related to VR were rare.

Conclusion/Implications: While the use of VR glasses did not reduce perceived pain compared to standard care, it was safe and associated with high patient satisfaction. Most women overestimated the pain they would experience during conization. Integrating VR technology may improve overall patient experience during cervical conization, even if it does not alter pain perception.

EP102 / #725

Topic: AS04. Prevention & Downstaging / AS04a. Pre-Invasive Disease

A RCT COMPARING THE USE OF LIGNOCAINE SPRAY AND PARACERVICAL BLOCK FOR PAIN RELIEF PRIOR TO LLETZ

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Introduction: Non-inferiority trial comparing lignocaine spray (LS) and paracervical block (PB) during the LLETZ. Outcome measures: Pain, blood loss and time duration during LLETZ.

Methods: A single-blinded non-inferiority RCT on women who underwent LLETZ procedures at the Kalafong Provincial Tertiary Hospital. The participants were randomised into two groups, one receiving PB and the other with LS. In the PB group, participants received 1.8 ml of 2% lignocaine without adrenaline in each quadrant of the uterine cervix followed by four puffs of normal saline spray. The LS group received injection of 1.8 ml of sterile water in each quadrant of the cervix and four puffs (40 mg) of 10% lignocaine spray without adrenaline. The pain scores for participants in both groups, were assessed and compared immediately after the excision and 30 minutes after the procedure, using two visual analogue scale

Results: 280 women were recruited, 140 in each group. The immediate median pain score was significantly higher in the LS group (2.0 (Interquartile Range, IQR: 1.0 – 3.0) compared to 1.0 (IQR: 0.0 – 3.0); $p = 0.036$) in the PB group. The median pain scores after 30 minutes were comparable between the treatment groups (1.0 (IQR: 0.0 – 2.0) vs 1.0 (IQR: 0.0 – 2.0); $p = 0.059$). The amount of blood loss and time duration were not statistically different across the levels of severity ($p > 0.05$)

Conclusion/Implications: The median difference in pain scores is in the non-inferiority range. LS can be considered as an alternative pain relief method for women undergoing LLETZ procedures.

EP103 / #742

Topic: AS04. Prevention & Downstaging / AS04a. Pre-Invasive Disease

HISTOLOGICAL CHARACTERISTICS OF CERVICAL LARGE LOOP EXCISION OF TRANSFORMATION ZONE (LLETZ) BIOPSIES OF PATIENTS TREATED FOR CERVICAL PREMALIGNANT (CIN) LESIONS AT KALAFONG PROVINCIAL HOSPITAL

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Introduction: LLETZ is highly effective in the treatment of CIN. The reported success rate ranges from 73- 98% and 14.4% will have persistent or recurrent disease on cytological follow-up. We aim to describe the population of patients treated for CIN lesions with LLETZ and to describe the histological characteristics of specimens

Methods: A retrospective descriptive study based at Kalafong Hospital between 1 August 2015 and 31 July 2016. 267 patients with CIN lesions were eligible for inclusion. Patients' demographics were evaluated, the study compared the histological characteristics of HIV infected and uninfected patients, correlated cytology with the histology and assessed the histological parameters of the specimens

Results: Mean age was 39 years (SD: 9.2; range of 22- 67 years) and mean parity of 2 (SD: 1.5; range 1-9). 68.9 % patients were HIV infected, 9.7% were HIV uninfected and 21.3% had unknown status. The cervical cytology had a sensitivity of 93.8% and specificity of 21.4% for detecting CIN lesions compared to the final histology. 33.3 % of specimens submitted for histology were fragmented, 70% of the fragmented specimens were from HIV infected patients. 248 of the specimens submitted had a largest diameter of above 10 mm and 17 had a diameter of less than 10mm. 17.6% had positive ectocervical margins and 52.1% had positive endocervical. 8.3% of the patients received repeat LLETZ and 68.1% of the patients who had repeat LLETZ were HIV infected

Conclusion/Implications: Cervical cytology had a high sensitivity for detecting CIN lesions of the cervix, supports the policy of "see and treat"

EP104 / #555

Topic: AS04. Prevention & Downstaging / AS04a. Pre-Invasive Disease

"CLINICAL CHARACTERISTICS, COLPOHISTOLOGY, THERAPEUTIC APPROACH, AND OUTCOMES ASSOCIATED WITH VAGINAL INTRAEPITHELIAL NEOPLASIA: A RETROSPECTIVE STUDY IN ARGENTINA"

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Introduction: VaIN is a rare preneoplastic lesion. Therapeutic options for high-grade lesions are: observational follow-up, local medical treatment, laser treatment, electrofrequency (ablative or excisional), a surgical approach such as colpectomy or radiotherapy. At the time of the present study, there is no evidence of which modality is most appropriate to treat VaIN cases.

Methods: Objective: To compare the efficacy of the various therapeutic modalities for VaIN. Materials and Methods: An analytical, observational, retrospective study including all diagnosed cases of VaIN from 2013 to 2023.

Although the project is being conducted as a multicenter study in Argentina, the data presented here corresponds exclusively to "Sanatorio Allende".

Results: A total of 33 patients were diagnosed with VaIN. The most prevalent preneoplastic lesion was VaIN 1 (50%), followed by VaIN 2 (28.6%) and lastly VaIN 3 (21.4%). When evaluating the efficacy of the various treatments and the time to relapse in patients with VaIN, there was no statistically significant difference between the 5 evaluated groups ($p = 0.15$)

Conclusion/Implications: Current treatments for high-grade VAIN are similar to each other in terms of efficacy. However, in some cases, recurrence and persistence of the lesion remain a clinical challenge. We propose the use of electrofrequency as an option, since it is more accessible and cheaper than laser and less aggressive than colpectomy, with similar regression rates and relapse times.

EP105 / #670**Topic:** AS04. Prevention & Downstaging / AS04a. Pre-Invasive Disease**TOPICAL 5-FLUOROURACIL IN THE TREATMENT OF VAGINAL INTRAEPITHELIAL NEOPLASIA (VAIN): EXPERIENCE FROM THE LARGEST TERTIARY CENTRE IN SINGAPORE AND LITERATURE REVIEW**

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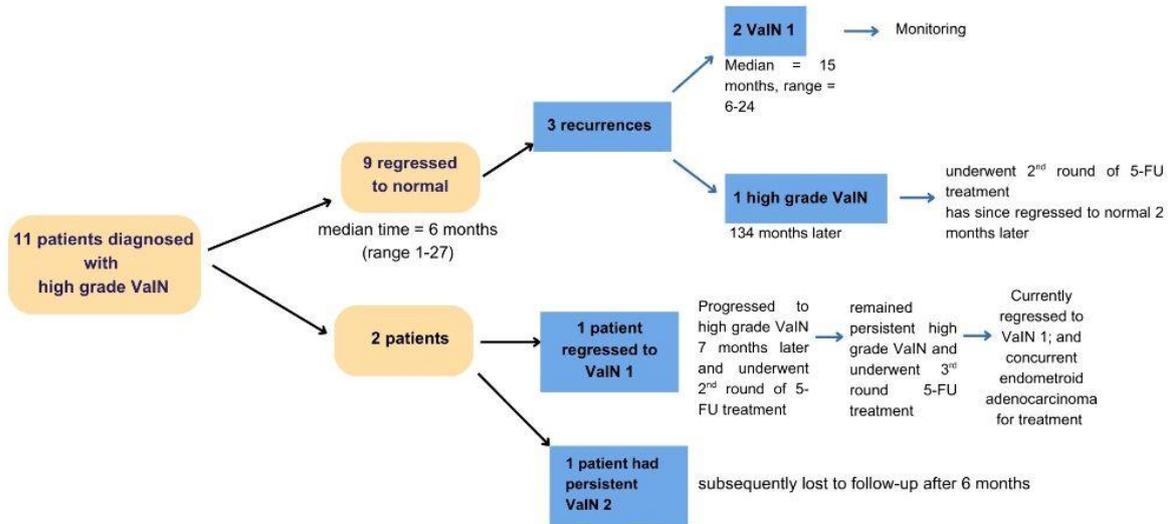
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Introduction: There is limited evidence regarding treatment of Vaginal Intraepithelial Neoplasia (VaIN) with 5-Fluorouracil (5-FU). We describe the experience of treating VaIN with 5-FU in Singapore's largest centre for Gynaecology.

Methods: A single-centre, retrospective review of 11 patients diagnosed with high-grade VaIN at KK Women's and Children's Hospital, who underwent 5-FU treatment between November 1994 to 1st January 2024. 5-FU was applied three to four times weekly. Diagnosis of VAIN was via histology. Regression rate is defined as regression of high-grade VAIN, either via cytology or colposcopy. Recurrence was defined as recurrence of high-grade VAIN via histology.

Results: There were 6 cases of VaIN 2 (54.5%) and 5 cases of VaIN 3 (45.5%), median follow-up 39 months (range 6-154). 1 patient was lost to follow-up after 6 months and still had persistent VaIN 2. 81.8% (n=9) had complete regression over median time of 6 months (range 1-27). The remaining patient (9.1%) regressed to VAIN 1 and subsequently had progression twice and is currently regressed to VaIN 1. Recurrence rate was 33.3%, median time to regression was 24 months (range 6-134), with 2 patients (18.2%) being recurrent low grade VaIN. One patient progressed 13 months after the 2nd round of 5-FU and had persistent VaIN 2. Other studies presented recurrence rates ranging from 11 to 59%. No risk factors were statistically significant for recurrence.

Figure: Flowchart of Patients with High Grade VaIN



Conclusion/Implications: VaIN is a suitable treatment for 5-FU lesions with good regression rate. We advocate more studies evaluate the long-term outcomes of 5-FU treatment.

EP106 / #1137

Topic: AS04. Prevention & Downstaging / AS04a. Pre-Invasive Disease

HIGH-RISK HPV TYPES AND HISTOLOGY IN SOUTH AFRICAN WOMEN CLINICALLY PRESENTING WITH LARGE WARTY VULVA LESIONS

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Introduction: Lower genital tract lesions are commonly found in South African women, especially in HIV-infected patients. Here we describe the HPV types and histological results of wart-like vulva lesions, clinically classified as Condylomata acuminata, pre-invasive and invasive squamous lesions.

Methods: HIV-negative and -positive women with large vulvar wart-like lesions were enrolled. Biopsies were collected for histopathology and extended HPV genotyping, and cervical specimens were tested using extended HPV genotyping. Treatment-type was based on size, number of lesions at time of treatment visit, and previous biopsy reports. Histopathology results of excised lesions were collected at treatment visit. Worst histopathology result was regarded as the final histological diagnosis.

Results: In total 52 women were recruited, HIV-positive/negative: 88%/12%. Ages ranged from 17-75 years, average age 35.0 years. Histopathology results showed condyloma acuminata in 46% of participants, vulvar intraepithelial neoplasia (VIN) grades 1-3 in 44% and squamous cancer in 10%. Vulvar HPV 16/18/45 prevalence in these groups were 21%/4%/4%; 48%/9%/9% and 40%/20%/0% respectively. Cervical HPV 16/18/45 prevalence were 25%/8%/8%; 17%/9%/13% and 60%/20%/0% for the respective vulvar histology grading.

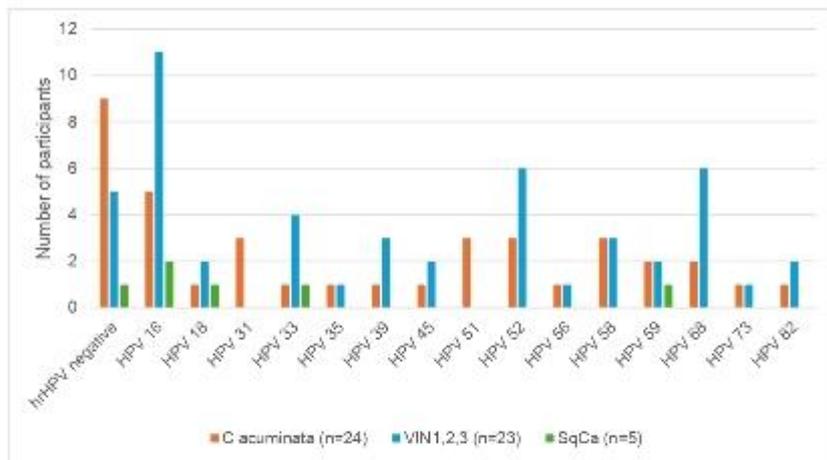


Table 1. Vulvar HPV prevalence per histology grade

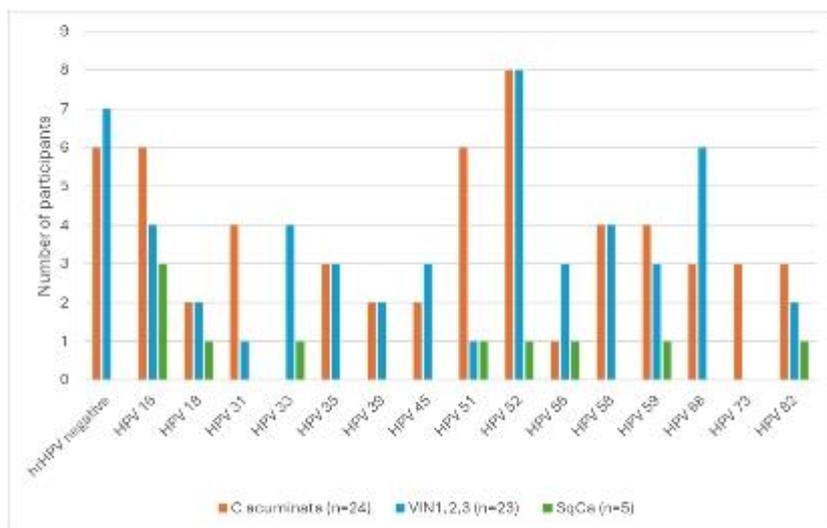


Table 2. Cervical HPV prevalence per histology grade of vulvar lesion

Conclusion/Implications: Similar oncogenic HPV types were found in vulva specimens of women with preinvasive and invasive lesions. HPV16 dominated and HPV18 was surprisingly common in vulva and cervical specimens of all groups.

EP107 / #984

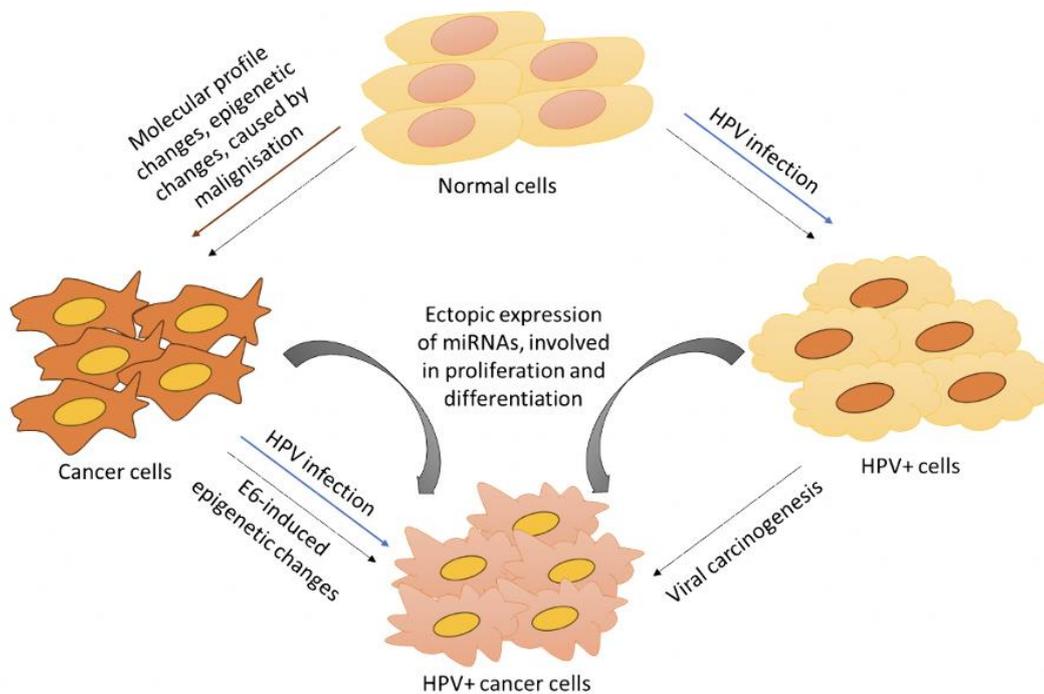
Topic: AS04. Prevention & Downstaging / AS04a. Pre-Invasive Disease

MIRNAS EXPRESSION IN CERVICAL DYSPLASIA: A PILOT STUDY EXPLORING ASSOCIATIONS WITH HPV INFECTION AND CARCINOMA IN SITU DIAGNOSIS

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Introduction: Cervical cancer, the fifth most common malignancy among Ukrainian women, is primarily linked to high-risk HPV infection. Viral oncoproteins E6 and E7 disrupt tumour suppressors like p53 and pRb, promoting malignancy. However, some cases remain HPV-negative, suggesting other molecular drivers. MicroRNAs (miRNAs) regulate gene expression and play roles in tumorigenesis as oncogenes or tumour suppressors. HPV can alter miRNA profiles, contributing to transformation. This pilot study evaluates miR-155 and miR-205 expression in cervical dysplasia samples, stratified by HPV status and cancer diagnosis, to explore their potential as biomarkers for early detection and classification.



Methods: Biopsy samples from 30 patients with CIN2–3/HSIL or suspected carcinoma in situ were collected between 2020–2024 at the National Cancer Institute and Colposcopy Medical Center “LyNa” (Kyiv). All patients were treatment-naïve and

examined per national diagnostic standards. FFPE tissues were anonymized. RNA was extracted using the RNeasy FFPE Kit (QIAGEN), quantified via NanoDrop, and analysed using qRT-PCR (QuantStudio 5 Dx) with TaqMan assays. miR-155 and miR-205 primers were custom-synthesised; RNU48 served as the endogenous control. Expression was evaluated using the ΔC_t method and analysed with Student's t-test and ANOVA ($p < 0.05$).

Table 1. Clinical and pathological characteristics of patients

| | Number of patients | |
|---|--------------------|-------|
| | n | % |
| Total number of patients | 30 | 100 |
| Average age, years | 41.5 ± 13.02 | |
| Age fluctuations | 22-79 | |
| Menstrual function is preserved | 18 | 60.00 |
| Menopause | 12 | 40.00 |
| Cervical intraepithelial neoplasia grade | | |
| CIN 2/HSIL | 10 | 33.33 |
| CIN 2-3/HSIL | 10 | 33.33 |
| CIN 3/HSIL | 10 | 33.33 |
| HPV status | | |
| HPV-positive, non-cancerous | 4 | 13.34 |
| HPV-positive, carcinoma <i>in situ</i> | 6 | 20.00 |
| HPV-negative, non-cancerous | 10 | 33.33 |
| HPV- negative, carcinoma <i>in situ</i> | 10 | 33.33 |

Results: We assessed miR-155 and miR-205 expression in CIN 2–3 / HSIL samples by HPV status and diagnosis. Both miRNAs were elevated in HPV-positive and cancerous tissues. Though not statistically significant, trends suggest HPV may more strongly influence miR-205 expression. Findings require validation in larger cohorts.

Conclusion/Implications: Further research is needed to clarify the prognostic and diagnostic value of mir-155 and -205 in HPV-associated cervical cancer.

EP108 / #970**Topic:** AS04. Prevention & Downstaging / AS04a. Pre-Invasive Disease**FACTORS ASSOCIATED WITH HIGH-GRADE CERVICAL DYSPLASIA IN KENYAN AND UGANDAN WOMEN LIVING WITH HIV**

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Introduction: Cervical cancer, caused by “high-risk” (HR) HPV, is the most common malignancy and the leading cause of cancer deaths among women living in Kenya and Uganda. Women living with HIV (WLWH) are at a high risk for HR-HPV infection. This analysis was conducted to determine the factors that are important among WLWH in development of cervical intraepithelial neoplasia grades 2 or 3 (CIN2/3).

Methods: Data of this analysis was based on a prospective cohort study of HPV natural history and cervical cancer among Kenyan and Ugandan WLWH. Demographic, behavioral and biological data were collected; HR-HPV DNA testing of cervical swabs was performed using Roche Cobas Assay; all WLWH underwent cervical biopsy.

Results: Of 114 WLWH enrolled, the median age was 38.2 years. All WLWH were receiving ART during the study. CIN2/3 was found in 13 (11.4%) WLWH; HPV 16 was detected in 10 (8.8%); HPV 18 in 11 (9.6%), and Non-16/18 HR-HPV in 62 (54.4%). A multivariable logistic regression of CIN 2/3 found detection of HPV 18 in cervical swabs was the only factor significantly associated with CIN2/3 (OR=8.78, 95% CI=1.18-65.41, p=0.034).

Conclusion/Implications: CIN2/3 was frequently detected in WLWH; HPV 18 detection was a strong predictor of CIN2+. Larger studies among WLWH are needed to determine optimal approaches for screening and treatment to prevent cervical cancer.

EP109 / #958**Topic:** AS04. Prevention & Downstaging / AS04b. Prevention & Vaccination**PROGNOSTIC IMPACT OF HUMAN PAPILLOMAVIRUS INFECTION ON CERVICAL DYSPLASIA, CANCER, AND PATIENT SURVIVAL IN SAUDI ARABIA: A 10-YEAR RETROSPECTIVE ANALYSIS**Ismail Albadawi

King Faisal Specialist Hospital & Research Centre, Obstetrics & Gynecology, Riyadh, Saudi Arabia

Introduction: Background: Data on human papillomavirus (HPV) prevalence and survival rates among HPV-infected women are scarce in Saudi Arabia. **Objective:** Assess the prevalence of HPV genotypes in cervical biopsy specimens and its effect on survival over a 10-year timeframe. **Design:** Retrospective, cross-sectional. **Settings:** Saudi referral hospital.

Methods: Patients and methods: Cervical biopsy specimens were collected from women aged 23-95 years old who underwent HPV detection, HPV genotyping, p16INK4a expression measurement using immunohistochemistry. Kaplan-Meier plots were constructed to analyze overall survival rates. **Main outcome measures:** Survival rate of HPV-positive cervical cancer patients. **Sample size:** 315 cervical biopsy specimens.

Results: Results: HPV was detected in 96 patients (30.4%): 37.3% had cervical cancer; 14.2% cervical intraepithelial neoplasia (CIN) III, 4.1% CIN II, and 17.0% CIN I. A significant association was found between HPV presence and cervical cancer ($\chi^2=56.78$; $P<.001$). The expression of p16INK4a was a significant predictor of survival: women who had p16INK4a overexpression had poorer survival rates (multivariate Cox regression, hazard ratio, 3.2; 95% CI, 1.1-8.8). In addition, multivariate models with HPV status and cervical cancer diagnosis showed that HPV status was a significant predictor of survival: HPV-positive women had better survival rates than HPV-negative women.

Conclusion/Implications: Conclusion: These findings suggest that implementing cervical and HPV screening programs may decrease cervical cancer rates and improve survival rates of women in Saudi Arabia. **Limitation:** Retrospective data.

EP110 / #676

Topic: AS04. Prevention & Downstaging / AS04b. Prevention & Vaccination

KNOWLEDGE AND AWARENESS OF CERVICAL CANCER, HPV AND HPV VACCINATION AMONGST WOMEN ATTENDING HEALTH FACILITIES IN EAST LONDON, SOUTH AFRICA

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Introduction: Despite the burden of cervical cancer in South Africa, public awareness of cervical cancer, its primary cause—human papillomavirus (HPV)—and the availability of vaccination remains low. This study assessed women’s knowledge and awareness of cervical cancer, HPV, and HPV vaccination across three levels of care in East London.

Methods: This is cross-sectional descriptive study conducted in January 2025 across five health facilities. A total of 305 women completed structured questionnaires assessing their knowledge and awareness of cervical cancer, HPV, and the HPV vaccine. Data were analysed using STATA v17 to calculate knowledge scores, and the Chi-square and Kruskal-Wallis tests were used to compare them across community health centres (CHCs), outpatient departments (OPDs), and the oncology unit.

Results:

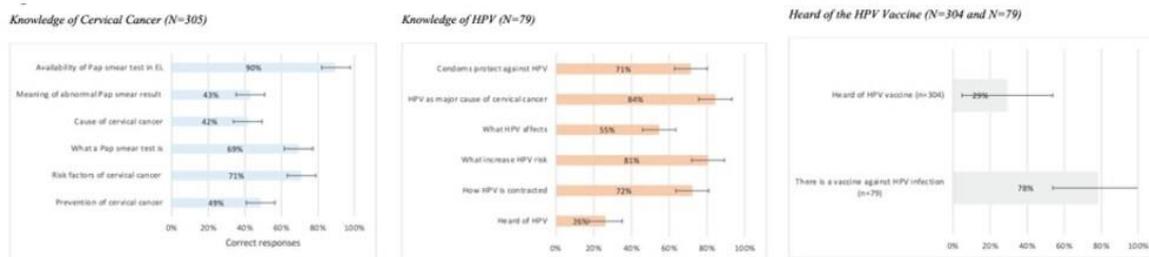
Table 1

Comparisons of Knowledge and Awareness Levels across Levels of Institution (N=305)

| | Level of Institution | | | | Test |
|------------------------|----------------------|---------------------|---------------------|---------------------|--------|
| | CHC | OPD | Oncology | Total | |
| N | 123 (40.3%) | 122 (40.0%) | 60 (19.7%) | 305 (100.0%) | |
| CC Awareness | | | | | |
| No | 91 (74.0%) | 47 (38.5%) | 19 (31.7%) | 157 (51.5%) | <0.001 |
| Yes | 32 (26.0%) | 75 (61.5%) | 41 (68.3%) | 148 (48.5%) | |
| HPV Awareness | | | | | |
| No | 104 (84.6%) | 80 (65.6%) | 42 (70.0%) | 226 (74.1%) | 0.002 |
| Yes | 19 (15.4%) | 42 (34.4%) | 18 (30.0%) | 79 (25.9%) | |
| HPV Vaccine Awareness | | | | | |
| No | 93 (75.6%) | 83 (68.0%) | 40 (66.7%) | 216 (70.8%) | 0.313 |
| Yes | 30 (24.4%) | 39 (32.0%) | 20 (33.3%) | 89 (29.2%) | |
| Total Knowledge score% | 21.4% (14.3%-35.7%) | 35.7% (28.6%-64.3%) | 35.7% (28.6%-64.3%) | 28.6% (21.4%-42.9%) | <0.001 |
| Knowledge CC% | 50.0% (33.3%-66.7%) | 66.7% (50.0%-83.3%) | 83.3% (58.3%-83.3%) | 66.7% (50.0%-83.3%) | <0.001 |
| Knowledge HPV% | 0.0% (0.0%-50.0%) | 0.0% (0.0%-50.0%) | 0.0% (0.0%-50.0%) | 0.0% (0.0%-50.0%) | 0.119 |

Note. Median (IQR) provided for Total Knowledge score (%), Knowledge CC (%), and Knowledge

Knowledge of Cervical cancer, HPV and HPV vaccine



The median overall knowledge score was 28.6%. Cervical cancer awareness was 48.5%, HPV 25.9%, and HPV vaccination 29.2%. Women attending CHCs had the lowest awareness and knowledge levels. Only 6.2% scored excellent on the total knowledge scale. Higher education level and hospital level of care were significantly associated with better knowledge ($p < 0.001$). Additional analysis revealed that younger women and those without post-secondary education were more likely to have poor knowledge scores. Despite the availability of free HPV vaccination services, uptake was low, particularly among women who lacked prior awareness of the vaccine and its cancer-preventing benefits.

Conclusion/Implications: There is an urgent need for tailored public health education on cervical cancer prevention and HPV, particularly at the primary health care level. Improved awareness and understanding could increase vaccine uptake and reduce the incidence of cervical cancer.

EP111 / #964

Topic: AS04. Prevention & Downstaging / AS04b. Prevention & Vaccination

PREVALENCE OF HIGH-RISK HPV GENOTYPES AND THE FEASIBILITY OF SELF-COLLECTED SAMPLES IN A RESOURCE-LIMITED AFRICAN COMMUNITY

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Introduction: Human papillomavirus (HPV) is a leading cause of cervical cancer worldwide, with the burden disproportionately higher in low-resource settings. Self-collection for HPV testing has emerged as a potentially effective alternative to increase screening coverage. Our objective is to identify High-risk genotypes HPV.

Methods: This HPV screening initiative was performed in rural Narok County, Kenya, Africa in 2024. The study population included women of reproductive age. Participants were instructed on how to self-collect vaginal specimens using the EVELYN brush and all the specimens were transported under controlled cold chain conditions to SCANLAB for HPV PCR testing, which specifically targeted HPV genotypes 16 and 18. The laboratory analysis used Loop-Mediated Isothermal Amplification (LAMP) methodology for HPV DNA detection and genotyping. Positive appropriate patients were treated with thermoablation.

Results: The study included fifty participants. Among them, 30% were married and one reported a history of sexually transmitted infection (STI). HPV testing was positive in ten women (20% prevalence rate). Genotyping analysis identified high-risk HPV types 16 and 18 as the most prevalent strains, with additional detection of HPV types 32, 53, 54, 67, 69, and 88.

| MEDIAN | RESULTS |
|--|----------|
| 1.Age of participants | 24 years |
| 2.Age of first intercourse | 17 years |
| 3.Lifetime sexual partners | 2 |
| 4.Average number of children per participant | 2 |

Conclusion/Implications: This study demonstrates that HPV self-sampling is feasible in rural African healthcare settings. The predominance of high-risk HPV types 16 and 18 in this population aligns with global cervical cancer risk patterns and underscores the urgent need for expanded vaccination coverage using the nonavalent HPV vaccine.

EP112 / #919

Topic: AS04. Prevention & Downstaging / AS04b. Prevention & Vaccination

RENEWING THE COMMITMENT TO THE WHO 2030 CERVICAL CANCER ELIMINATION OBJECTIVES THROUGH INCREASING ACCESS TO HPV VACCINATION, CERVICAL CANCER SCREENING AND TREATMENT IN WESTERN KENYA

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Introduction: Efforts to achieve the WHO 90:70:90 objectives for vaccination, screening and treatment of cervical cancer in Africa were impeded by the COVID pandemic. We sought to revive these objectives through expanding subsidized cervical cancer prevention and screening at Gynocare Hospital in western Kenya through a short-term humanitarian mission.

Methods: Clinicians from Dubai, UK, USA, Russia and Kenya collaborated through virtual meetings in preparation for a seven day humanitarian mission to Eldoret Kenya. Our objectives included providing free HPV vaccination to unreached primary schools in Uasin-Gishu County, and the creation of a cervical cancer screening, treatment and referral program. Preparation included fundraising, equipment procurement, community outreach, acquisition of unused vaccines, and identification of patients with abnormal cytology from Siaya county. Descriptive statistics were used to report outcomes.

Results: Our team vaccinated 1,675 girls at 20 primary schools and performed colposcopy on 108 patients with abnormal cervical cytology while concurrently training visiting clinicians. Among screened women, 64.8% underwent biopsy, of which 27.1% had CIN I, 10% had CIN II/III and 11.4% had invasive cervical cancer. Those with CIN II/III were treated with thermoablation or LEEP and those with invasive cancer were staged and treated or referred to Moi Teaching and Referral Hospital.

Conclusion/Implications: Tragically, there are numerous unused vaccine doses nearing expiration and awaiting distribution in Kenya. Furthermore, the burden of undiagnosed cervical cancer remains high in multiple counties in Kenya, necessitating coordinated public-private partnerships to increase access to prevention, screening and treatment. Short-term humanitarian missions must be leveraged to bolster cervical cancer prevention and screening programs in Africa.

EP113 / #856

Topic: AS04. Prevention & Downstaging / AS04b. Prevention & Vaccination

THE ASSOCIATION BETWEEN UNHEALTHY INTIMATE RELATIONSHIPS AND GYNECOLOGICAL CANCER: EPIDEMIOLOGICAL LINKS AND CAUSAL INSIGHTS

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Introduction: Unhealthy intimate relationships, such as partner violence or life changes like divorce or widowhood, significantly affect women's health.

Epidemiological studies show a strong correlation between emotional distress and the development, progression, and treatment efficacy of gynecological cancers. However, the impact of unhealthy relationships on cancer progression remains underexplored. This study investigates the relationship between unhealthy intimate relationships, emotional distress, and gynecological cancer progression.

Methods: A cross-sectional study was conducted at Tongji Hospital in China, with 170 participants completing self-reported questionnaires on depression, stress, and partner relationships. Data from the UK Biobank were analyzed for correlations between unhealthy relationships and gynecological cancer. Logistic regression was used for analysis. Additionally, two animal models simulating human partner conflict were developed: the Opposite Sexual Contraction and Isolation (OSCI) model and the Partner Violence model. Emotional distress was assessed using behavioral tests, and its impact on cancer progression was studied through chemical genetic tools, neural tracing, and immunofluorescence.

Results: UK Biobank data revealed that participants with partner violence had higher odds of developing gynecological cancers ($p < 0.001$). Sexual violence was a significant risk factor for cervical cancer (1.512, $p < 0.001$). Questionnaire data showed 44% had mild depression, 52% mild stress, and 52% moderate partner conflict. Female mice exposed to emotional distress exhibited accelerated ovarian and cervical cancer progression. Neural connections between brain regions and reproductive tissues were identified.

Conclusion/Implications: Unhealthy intimate relationships, particularly partner violence, increase the risk of gynecological cancer, emphasizing the need for interventions to address emotional distress and prevent cancer progression.

EP114 / #382**Topic:** AS04. Prevention & Downstaging / AS04b. Prevention & Vaccination**EXTENDED POSTOPERATIVE THROMBOPROPHYLAXIS IN GYNECOLOGIC ONCOLOGY PATIENTS UNDERGOING LAPAROTOMY: A QUALITY IMPROVEMENT ASSESSMENT**

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Introduction: Venous thromboembolism (VTE) is a significant cause of morbidity and mortality in gynecologic cancer patients undergoing laparotomy. Current guidelines recommend 28-day extended postoperative thromboprophylaxis and support the use of direct oral anticoagulants (DOAC) in this setting. However, adherence to this practice remains variable. This study aims to identify factors influencing the use of extended postoperative thromboprophylaxis in a tertiary gynecologic oncology center.

Methods: This retrospective study included all gynecologic oncology patients undergoing laparotomy between September 1, 2024 and October 31, 2024. Data collected included demographics, surgical characteristics, and 30-day postoperative complications.

Results: Of seventy-three patients, forty-six had confirmed gynecologic malignancy. All patients received postoperative thromboprophylaxis while in hospital. Two developed pulmonary embolisms during hospitalisation and received therapeutic anticoagulation. Four resumed home anticoagulation for past medical reasons. Extended postoperative thromboprophylaxis was prescribed in 14(30.4%) cases; 11(23.9%) received DOAC and 3(6.5%) low molecular weight heparin(LMWH). None developed VTE, postoperative bleeding or required take-back. Of the 26(56.5%) patients that did not receive extended thromboprophylaxis, one developed superficial VTE after discharge($p=0.327$). Age, BMI, smoking, ASA score, transfusions were similar between both groups. However, uterine/cervix malignancies (4 vs 15; $p=0.046$), stage I (1 vs 16; $p=0.0003$), Pfannenstiel incisions (0 vs 14; $p=0.0001$), shorter surgeries (400.8 vs 142.8 min; $p=0.001$) and shorter length of stay (6.7 vs 3.8 days; $p=0.006$) were more prevalent in the group without thromboprophylaxis.

Conclusion/Implications: Lower compliance to extended postoperative thromboprophylaxis was driven by lower risk disease and lower surgical complexity. Targeted education around these risk factors and standardized orders could improve adherence to guidelines in gynecologic oncology patients.

EP115 / #571

Topic: AS04. Prevention & Downstaging / AS04b. Prevention & Vaccination

BARRIERS TO HPV VACCINATION AMONG ADOLESCENT SCHOOLGIRLS IN MOROGORO, TANZANIA: INSIGHTS FOR IMPROVING COVERAGE

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Introduction: Cervical cancer remains the leading cause of cancer-related morbidity and mortality among women in Tanzania, with approximately 9,772 new cases and 6,695 deaths annually - nearly all linked to HPV infection. In response, Tanzania introduced the HPV vaccine in 2018 for 14-year-old girls. However, vaccine coverage, particularly for the second dose, remains suboptimal. This study investigates the factors contributing to the low uptake of the HPV vaccination.

Methods: A mixed-methods analytical study was conducted in Morogoro Municipal Council, involving schoolgirls aged 14–16 years, their parents or guardians, and the Council Health Management Team (CHMT). A multistage stratified sampling technique was employed to obtain 416 schoolgirls who completed a self-administered, structured questionnaire. The Wilcoxon rank-sum test compared HPV knowledge between vaccinated and unvaccinated girls. We conducted four focus group discussions (FGDs) with parents and three in-depth interviews (IDIs). Thematic analysis was applied to interpret the qualitative data.

Results: Only 27% (n = 111) of study participants completed the full HPV vaccine series. HPV knowledge is significantly associated with vaccine uptake ($P < 0.05$). Focus group discussions identified several barriers to vaccination, including myths and misconceptions, fear of infertility, religious beliefs, cultural traditions, and low community awareness of the HPV vaccine.

Conclusion/Implications: The proportion of participants who completed the HPV vaccine series was notably low. Vaccine uptake was significantly associated with HPV knowledge, while socio-cultural factors emerged as the primary barriers. Strengthening

community sensitization efforts is essential, and further research is needed to identify the most effective strategies for HPV vaccine awareness in Tanzania.

EP116 / #1093

Topic: AS04. Prevention & Downstaging / AS04b. Prevention & Vaccination

KNOWLEDGE AND PRACTICE OF CERVICAL CANCER PREVENTION AMONG DIABETIC WOMEN IN LAGOS NIGERIA.

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Introduction: Cervical cancer is a preventable disease, yet the most common gynaecological cancer, with high incidence and mortality rates. Though diabetes mellitus is associated with increased risk and poor prognosis in women with cervical cancer, little is known about the knowledge and practice of its prevention among diabetic women. We sought to assess the knowledge and practice of cervical cancer prevention among diabetic women in Lagos, Nigeria.

Methods: A descriptive cross-sectional survey was conducted among 470 diabetic women who received care at Lagos University Teaching Hospital and Lagos State University Teaching Hospital, Lagos, Nigeria, using a structured self-administered questionnaire to obtain relevant information about their knowledge and practice of cervical cancer prevention.

Results: 203, (43.2%) diabetic women were aware of cervical screening with Pap smear (159, 33.8%), HPV testing (52, 11.1%) and VIA (26, 5.5%) being the most common screening methods known by the participants, while 179 (38.1%) were aware of HPV vaccination. The uptake of cervical cancer screening (55, 11.7%) and HPV vaccination (47, 10.0%) was low among the participants. The most common screening methods utilized by diabetic women were Pap smear (44, 9.4%), liquid-based cytology (3, 0.6%), and HPV testing (3, 0.6%). The lead motivator for screening and HPV vaccination was recommendation by doctor/healthcare provider (54.5% and 57.4%, respectively), while non-recommendation was responsible for non-uptake.

Conclusion/Implications: The awareness and uptake of cervical cancer screening and prevention are low among women with diabetes mellitus. Public awareness and recommendations by doctors/healthcare providers will improve cervical cancer prevention practices among diabetic women in Lagos, Nigeria.

EP117 / #966**Topic:** AS04. Prevention & Downstaging / AS04b. Prevention & Vaccination**EFFECTIVENESS OF TWO EDUCATIONAL INTERVENTIONS AIMED AT INCREASING HPV VACCINATION COVERAGE IN FOUR REGIONS OF COLOMBIA: A SUB-ANALYSIS IN THE CARIBBEAN REGION**

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Introduction: Cervical cancer is the third most common cancer among women in Colombia. The Expanded Program on Immunization (PAI) includes the quadrivalent HPV vaccine for children aged 9–17, neutral gender. Despite this, coverage rates by 2024 remain close to 30%. A key factor contributing to this low coverage is the discontinuation of school-based vaccination strategies. The objective of this study was to evaluate the effectiveness of two school-based educational interventions aimed at increasing HPV vaccine uptake in four regions of Colombia. This report presents a subanalysis focused on the Caribbean region

Methods: A pragmatic, cluster-randomized controlled trial was conducted in educational institutions located in municipalities with reported vaccination coverage below 25%. Parents or guardians and children belonging to the PAI target cohort were enrolled. All study arms received a community-based psychosocial educational intervention, while the additional interventions were conducted within schools: **Arm 1:** In-person session led by a healthcare professional, delivered in small, structured groups. **Arm 2:** In-person session led by a teacher with support from a healthcare professional. **Control arm:** Community-based intervention only

Results: A total of 360 parents with their children were invited (120 per arm). The study participation rate was 54% (n=195). After intervention, vaccine acceptability among participating children was 91.2% in the teacher-led group, 41.5% in the healthcare professional-led group, and 14.2% in the control group (p < .001).

Conclusion/Implications: School-based educational interventions were effective in increasing HPV vaccine coverage in the Caribbean region. Their implementation will be recommended as part of a national strategy to reduce HPV-related cancers

EP118 / #489

Topic: AS04. *Prevention & Downstaging* / AS04b. *Prevention & Vaccination*

PRACTICALITIES IN THE TREATMENT OF VACCINATION IMMUNISATION STRESS-RELATED REACTIONS (ISRR) ASSOCIATED WITH THE RESUMPTION OF HPV VACCINATION ‘HPV CATCH-UP VACCINATION’ IN JAPAN.

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Introduction: In Japan, the cervical cancer prevention vaccine has not been actively administered, and active vaccination recommendations resumed in April 2023 as ‘catch-up vaccination’. Kawasaki City, to which our institution belongs, is a government-designated city with a population of 1,538,000, and the number of people eligible for catch-up vaccination was 229,000, while the actual number of people vaccinated was approximately 35,000. In our institution, the Department of Anaesthesiology and the Department of Obstetrics and Gynaecology collaborated in the treatment of ISRR that may occur with catch-up vaccination, and we were the only national cooperative medical institution in Kawasaki City to notify the Ministry of Health, Labour and Welfare of the ISRR.

Methods: All patients who visited the hospital with suspected adverse reactions to the HPV vaccine were included in the study, and consultations were carried out from April 2023 to March 2025. (Approval no. 6605)

Results: The median age of the 10 examined patients was 21.5 (15-27) years. The average number of days from post-vaccination to medical examination was 14.4 (± 15.1) days, and the average duration of examination was 4.6 (± 6.9) months. It should be noted that seven cases completed the consultation within two months, while three cases were over six months, indicating a two-tiered nature. In seven cases, symptoms had abated and the treatment was terminated, in two cases the symptoms were unknown due to self-interruption, and in one case the symptoms had abated but were still present.

Conclusion/Implications: In all cases, listening to the patients according to the Japanese guidelines was effective.

EP119 / #828

Topic: AS04. *Prevention & Downstaging* / AS04b. *Prevention & Vaccination*

CHALLENGES OF INFODEMIC IN CERVICAL CANCER PREVENTION

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Introduction: Cervical cancer remains one of the leading causes of cancer-related deaths among women globally, despite being largely preventable through regular screening and HPV vaccination. In recent years, the rise of the "infodemic" — the overabundance of information, including misinformation and disinformation — has emerged as a significant barrier to effective public health communication. Additionally, the situation is worsened by the low level of digital health literacy. This phenomenon has particularly impacted preventive efforts surrounding cervical cancer.

Methods: This study used a mixed-methods approach, combining a systematic literature review with qualitative analysis of social media content and quantitative data from public health surveys. Sources were selected from peer-reviewed journals, WHO reports, and online platforms over the past five years. The goal was to identify key misinformation trends and assess their influence on health behaviors, particularly vaccination uptake and participation in screening programs.

Results: Findings indicate a strong correlation between exposure to misinformation (e.g., claims about vaccine safety or screening ineffectiveness), a low level of digital health literacy, and decreased public trust in cervical cancer prevention programs. Social media platforms emerged as primary vectors of misinformation, particularly among younger populations. The study also revealed knowledge gaps and persistent myths regarding HPV, which contribute to reduced vaccine acceptance and screening participation.

Conclusion/Implications: The infodemic presents a critical challenge to cervical cancer prevention efforts through disruptive, evidence-based health communication. Addressing this issue requires a multifaceted strategy involving improved digital health literacy, proactive health communication campaigns, and stronger collaborations between health authorities, media platforms, and local communities.

EP120 / #992

Topic: AS04. Prevention & Downstaging / AS04c. Screening & Early Detection

INVESTIGATING NUCLEAR TRANSPORT PROTEINS/KARYOPHERINS AS NOVEL BIOMARKERS AND THERAPEUTIC TARGETS USING GYNAECOLOGICAL CANCER CELL LINES.

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Introduction: Ovarian and uterine cancers are among the most lethal gynaecological malignancies with limited screening and therapeutic options. There is limited access to diagnostic tools, contributing to late-stage detection and poor survival rates. Nuclear transport proteins (NTPs) regulate nucleocytoplasmic trafficking amongst other cellular functions and are aberrantly expressed in several malignancies. This study aimed to investigate the diagnostic or therapeutic potential of proteins in the NTP family using gynaecological cancer cell lines.

Methods: We evaluated a panel of NTPs as potential biomarkers for ovarian and uterine cancers. Bioinformatics and western blotting assessed their expression and secretion by cancer cells. The therapeutic potential of targeting KPN β 1 with the small molecule inhibitor, INI-43 was assessed on cancer cell viability and proliferation using MTT assays, clonogenicity with colony forming assays, and apoptosis through Caspase-3/7 and PARP cleavage analysis.

Results: NTPs were differentially expressed and secreted by gynaecological cancer cell lines. Differential expression levels were detected in endogenous and exogenous cellular fractions at levels higher in cancer cells compared to non-cancers. INI-43 reduced cancer cell viability and induced apoptosis at concentrations that had minimal effects on non-cancer cells. INI-43 significantly inhibited cancer cell proliferation and clonogenicity in comparison to effects on non-cancers, highlighting its potential selective cytotoxicity.

Conclusion/Implications: This study supports a NTP biomarker panel for the detection of ovarian and uterine cancers. KPN β 1 inhibition with INI-43 demonstrates anti-cancer activity and shows potential as a companion diagnostic-therapeutic. Further investigation in patient material is warranted to explore its potential in improving clinical outcomes for gynaecological malignancy patients.

EP121 / #294**Topic:** AS04. Prevention & Downstaging / AS04c. Screening & Early Detection**COLPOSCOPIC-HISTOLOGIC DIAGNOSTIC AGREEMENT IN CERVICAL INTRAEPITHELIAL NEOPLASIA 2+: A FIVE-YEAR REVIEW OF COLPOSCOPIC SERVICES AT THE NATIONAL HOSPITAL ABUJA, NIGERIA**

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Introduction: Cervical cancer is the second most common female malignancy globally and in Nigeria. Colposcopy plays a crucial role in evaluating precancerous cervical lesions. In low and middle income countries (LMICs), limited access to pathology and follow-up challenges have promoted the “see and treat” approach. This study assessed the diagnostic accuracy of colposcopic impressions in detecting cervical intraepithelial neoplasia grade 2 or worse (CIN 2+).

Methods: A cross-sectional review was conducted using the identified data of patients who underwent colposcopy at the National Hospital Abuja from January 2020 to December 2024. Records with incomplete colposcopic or histologic diagnosis were excluded. Data analyzed included sociodemographics, HIV status, colposcopist experience/training, colposcopic impression, and histologic diagnosis. Analysis was performed with Stata 17. Categorical variables were compared using chi-square tests. Diagnostic agreement was assessed with Cohen’s kappa. Statistical significance was set at $p < 0.05$.

Results: Out of 142 complete records, mean age was 46.9 years and 17.6% were HIV positive. Colposcopic diagnosis identified 29.6% as CIN 2+. Of 72 patients with histologic results, 29.6% were confirmed as CIN 2+. Colposcopy showed sensitivity of 85.7%, specificity 94.0%, PPV 85.7%, NPV 94.0%, and overall accuracy 91.5%. Agreement with histology was substantial (Cohen’s kappa = 0.80, $p < 0.0001$). Colposcopist experience, training, and HIV status had no significant impact on diagnostic accuracy.

Conclusion/Implications: Colposcopy demonstrated high diagnostic accuracy in identifying CIN 2+ lesions. These findings support its use in “see and treat” strategies in resource-limited settings to enhance cervical cancer prevention.

EP122 / #780

Topic: AS04. Prevention & Downstaging / AS04c. Screening & Early Detection

ADAPTING THE IGCS PRE-INVASIVE DISEASE CURRICULUM TO BUILD NATIONAL CAPACITY FOR CERVICAL CANCER SCREENING IN UZBEKISTAN

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Introduction: Cervical cancer is the second most common cancer and fourth leading cause of cancer death among women in Uzbekistan. Addressing this problem through the National Program for the Control of Cervical Cancer in 2025-2030 is a government priority. To fill gaps in local clinical practice, we trained Uzbek gynecologists on internationally recognized standards for colposcopy, cervical biopsy, and LEEP. We studied the impact of our training sessions.

Methods: We adapted the online English language IGCS Pre-invasive Disease curriculum into a 5-day multilingual (Uzbek, Russian, English) in-person training course in Tashkent, Uzbekistan from February 22-26, 2025. We covered the science of HPV-mediated disease, the evidence behind current screening practices, informed consent for procedures, and disclosure of results. We developed hands-on simulations covering colposcope use, ectocervical biopsy, endocervical curettage, and LEEP using standard equipment on a simulated cervix. We administered a post-training survey to assess the knowledge, skills, and clinical confidence acquired by participants.

Results: Among 18 respondents (78% response rate), preparedness and clinical confidence increased by 39% for the performance of colposcopy (OR=.694, 95% CI [10.8, 69], p=.016) and 56% for the performance of LEEP (OR=.446, 95% CI [27, 84], p=.002). All respondents "agreed" or "strongly agreed" that lectures were key to curriculum delivery, while 89% responded the same about hands-on simulation sessions. Simulation was the most useful learning modality reported by 33% of respondents.

Conclusion/Implications: Adapting internationally recognized curricula via in-person translation and hands-on clinical simulation may increase capacity for cervical cancer screening and early detection in non-English speaking low and middle income countries.

EP123 / #1135

Topic: AS04. Prevention & Downstaging / AS04c. Screening & Early Detection

DETAILED FURTHER ANALYSIS OF HPV-NEGATIVE CIN2+ CASES IN THE SOUTH AFRICAN DIAVACCS STUDY

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Introduction: In the multi-site DiaVACCS screening study 1 104 women were screened, including visual inspection, cytology and cobas HPV. Histology was available for 92% screen-positive and 43% screen-negative participants. Some cases tested HPV-negative but showed intraepithelial neoplasia (CIN) grade 2 or worse on histology.

Methods: CIN2+ cases with cobas HPV-negative results were identified from the DiaVACCS database, and leftover cervical specimens were tested with Seegene HPV-28. Tissue PCR was performed on available LLETZ-biopsies to determine HPV-types.

Results: A total of 60 CIN2+ cases tested HPV negative on cobas. Compared with Seegene (on the same 14 HPV-types included in cobas-test), 4 cases of false cobas HPV-negatives were found (2 x CIN2 and 2 x CIN3). The remaining 56 cobas-negative cases yielded 4 Seegene HPV-positives for HPV's not included in the cobas test: HPV53/CIN3, HPV69/CIN2, HPV73/CIN2, HPV82/CIN3. A total of 52 cobas HPV-negative cases were also Seegene HPV-negative: 44 cases of CIN2 and 8 cases of CIN3. Of these 52 cases, 32 formalin-fixed paraffin-embedded tissue blocks were available for HPV testing (by BD Onclarity): 21 cases were HPV-negative (16 cases of CIN2, 5 cases of CIN3), and 11 cases were HPV-positive (7 cases of HPV16/CIN2, 1 case each of HPV18/CIN2, HPV33/58/CIN2, HPV52/CIN2, HPV16/CIN3).

Conclusion/Implications: Around 40% of HPV negative histology confirmed CIN2+ was explained by hrHPV lower than detection limit, lower risk HPV was scarce (~8%) and the rest of cases remain unexplained.

EP124 / #569

Topic: AS04. Prevention & Downstaging / AS04c. Screening & Early Detection

PERCEPTIONS, EXPERIENCES AND BARRIERS TO ACCESSING CERVICAL CANCER SCREENING BY WOMEN AT CLINICS IN THE GREATER GIYANI MUNICIPALITY, LIMPOPO PROVINCE, SOUTH AFRICA.

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Introduction: Cervical cancer remains a significant global health issue, despite effective screening methods. South African's Health Department launched a nationwide program aiming for 70% screening coverage; however, only 13.6% has been achieved. In Greater Giyani Municipality, Limpopo Province, from 2018 to 2020, screening uptake was only 47% across 26 clinics, highlighting low participation (Mopani District Municipality, 2020). This study explored women's perceptions, experiences and barriers to accessing cervical cancer services in this area.

Methods: This qualitative, exploratory, and descriptive study involved women aged 30 and older attending clinics in Greater Giyani. Data were gathered through semi-structured, face-to-face interviews, analysed using Tesch's open-coding method.

Results: Findings showed that most women lacked knowledge about cervical cancer causes, symptoms, testing procedures, and prevention. Despite limited knowledge, participants generally viewed screening positively and perceived themselves at risk. Barriers included lack of feedback after previous screenings, fear of outcomes, and preferences for specific examiner genders. Additional challenges included shyness, embarrassment, pain and discomfort during procedures, and long waiting times at clinics.

Conclusion/Implications: While perceptions towards screening were optimistic, knowledge levels were poor. Barriers such as fear, discomfort, and clinic delays hinder participation. Addressing these issues by reducing barriers and promoting facilitators is essential to improve screening rates and reduce cervical cancer mortality in the region.

EP125 / #669**Topic:** AS04. Prevention & Downstaging / AS04c. Screening & Early Detection**ACCEPTABILITY OF FIRST VOID URINE SELF-COLLECTED SAMPLES IN A CERVICAL SCREENING POPULATION: ACES ACCEPTABILITY**

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Introduction: Urine human papillomavirus (HPV) testing shows promise for cervical screening and may improve uptake. Our aims were to evaluate the acceptability of first void urine (FVU) device self-collected as an alternative cervical screening method for human papillomavirus (HPV) testing.

Methods: Participants eligible for cervical screening (n=2175) were recruited from three different settings 1) colposcopy clinic (n=251) 2) primary care (n=1517) and 3) post treatment, test of cure (n=407). All participants self-collected a urine sample using a specialised first void urine collection device before undergoing speculum-based routine cervical screening. A questionnaire completed by 2081 (96%) participants evaluated concurrent acceptability of self-collected urine for cervical screening.

Results: Preference for future screening was split with 31.3% participants giving a preference for urine self-sampling, 36.6% preferring a clinician-taken sample and 32.1% giving no preference. Preference for urine self-sampling correlated with education status and was highest amongst test of cure (36.4%) and colposcopy populations (39.4%). In the primary care population, preference for urine self-sampling was higher amongst those ≥50 than <50 years old (36.2% vs. 27.0%), from white versus ethnically diverse backgrounds (30.2%vs22.1%) and for sexual/gender minorities compared to heterosexual/cisgender women (44.1%vs27.0%). Preference for a choice of sampling methods correlated with education status [78.7%(high)vs67.2%(mid) vs 60.0% (low-educational-attainment)] and LGBTQ+ status (72.0%vs52.9%).

Conclusion/Implications: Urine self-sampling has high acceptability amongst current attenders of cervical screening, although those with lower levels of education will need more support if offered a choice. Urine-based screening is likely to improve the screening experience of some groups and thus may also improve uptake amongst non-attenders.

EP126 / #673

Topic: AS04. Prevention & Downstaging / AS04c. Screening & Early Detection

SELF-SAMPLING FOR CERVICAL SCREENING IN THE TRANSGENDER AND NON-BINARY COMMUNITY: A QUALITATIVE STUDY

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Introduction: People from the transgender masculine and non-binary (TMNB) community have reduced cervical screening uptake. The aims of this study were to ascertain TMNB community barriers and facilitators to attending routine cervical screening and explore the prospective acceptability of self-sampling methods, including a novel urine test, to improve screening uptake.

Methods: This was a UK wide qualitative study involving 16 transgender male and non-binary individuals. Data were generated using semi-structured qualitative interviews and after transcription a thematic analysis was employed. The Candidacy Framework and Sekhon's Theoretical Framework of Acceptability were drawn on as sensitising frameworks to understand the data and inform recommendations.

Results: Known barriers to cervical screening persist for TMNB people who describe negative interactions with healthcare and the speculum examination. Positive cervical screening episodes centred around choice, advocacy and power balance between participant and healthcare provider. Self-sampling methods for cervical screening, including a vaginal swab and urine, were positively received with pros and cons listed for each sampling method, highlighting the need for all sampling methods to provide personalised healthcare provision through enhanced choice. Home-based self-sampling options would likely improve uptake by removing most barriers through choice of location and sampling method.

Conclusion/Implications: Barriers to current cervical screening are endemic for TMNB people, although some gave positive examples of inclusion within screening advertisement and healthcare interaction. Home-based self-sampling methods are preferred by TMNB people and would empower individuals to be screened and ultimately close the health inequity gap within this marginalised community. Future research should explore concurrent acceptability of self-sampling for cervical screening within the TMNB community.

EP127 / #877

Topic: AS04. Prevention & Downstaging / AS04c. Screening & Early Detection

FIRST FOLLOW-UP OF THE SOUTH AFRICAN DIAVACCS STUDY: CERVICAL HPV AND PRE-CANCER RISK FIVE YEARS AFTER LLETZ TREATMENT IN COMPARISON WITH UNTREATED LOW-RISK WOMEN.

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Introduction: Due to a dual epidemic of HIV and HPV in South Africa, women are at high risk for persistent/new cervical intraepithelial neoplasia after screening and/or treatment. Data for follow-up strategy are however limited. Here we report the first follow-up results of women previously screened as part of DiaVACCS screening-study.

Methods: Women with previous cytology and HPV results (14 high-risk types) were included. Data of previously treated participants were analysed separately from untreated participants. During the first phase of the DiaVACCS-trial, women were eligible for LLETZ treatment if they had HSIL+ cytology, CIN2+ histology, positive visual inspection test, or HPV16/18; some eligible women opted out. Current study's specimens included cytology, extended genotyping HPV DNA, and cervical biopsies on consenting participants.

Results: Mean age was 45.1 [range 29-77] years. Data of first follow-up visit, 4-7 years after DiaVACCS-trial, were available for 70 previously treated and 97 women who did not receive any treatment. In **treated women**, previous vs current results were: cytology atypia or worse 69% vs 11%; high-risk HPV (hrHPV) positive 86% vs 12%; histology confirmed CIN2+ 83% vs 7% (Fig1). In **untreated participants**, abnormality rates for previous vs current results were: cytology atypia or worse 7% vs 2%; hrHPV 15% vs 13%; histology confirmed CIN2+ 0% vs 7% (Fig2).

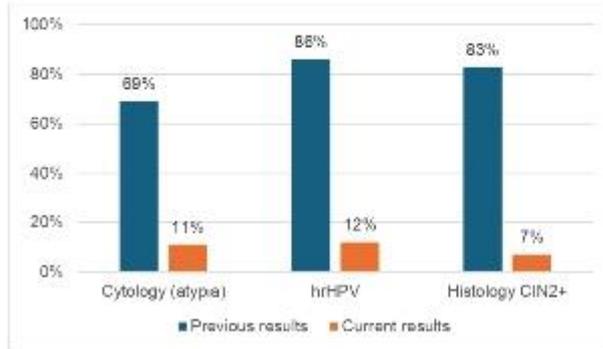


Figure 1. Previous v current results in previously treated women (n=70)

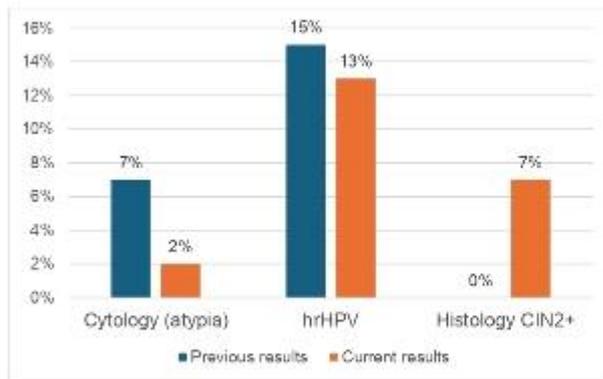


Figure 2. Previous v current results in untreated women (n=97)

Conclusion/Implications: Although more cytology abnormalities occurred, previously treated women had identically low prevalence of positive hrHPV and histology than untreated women who mostly screened normal initially. This data suggests a similar cervical pre-cancer and cancer risk after effective LLETZ treatment in this cohort.

EP128 / #754

Topic: AS04. Prevention & Downstaging / AS04c. Screening & Early Detection

THE PATH TO THE 90-70-90 TARGETS FOR CERVICAL CANCER ELIMINATION IN SIERRA LEONE: EXPERIENCE WITH SCREENING IN A LIMITED RESOURCE SETTING

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Introduction: Sierra Leone, a low-income country, began implementing its Cervical Cancer Elimination Initiative (CCEI) in 2023 in line with the WHO Global strategy. Due to resource constraints, it utilised Visual Inspection with Acetic acid for screening. This paper presents Sierra Leone's progress and challenges in achieving the WHO's screening targets for CCEI.

Methods: This cross-sectional study utilised programme monitoring and evaluation data from January 2023 to December 2024 in Sierra Leone's CCEI. The primary data sources for this work were the data from the Cervical Cancer Programme reports from the Ministry of Health. The information extracted described the screening coverage, total population screened and its outcome, precancer treatment coverage, and the number of suspected invasive cancers.

Results: Screening coverage is now available in 9 of the 16 districts in the country with 28,018 women screened by end of 2024 [7,949 (28.4%) in 2023 and 20,069 (71.6%) in 2024] with 44.5% and 55.5% screened in public and private health facilities respectively.

Screening was negative in 26,100 women (93.2%), positive in 1,872 (6.7%) and suspicious for cancer in 181 (0.1%). Out of 1872 screen-positive women, 1,462 (78.1%) were treated; the majority had ablative treatment (97.5%) while 2.5% had excisional treatment. The proportion of screen-positive women who were treated increased from 67.5% in 2023 to 82.1% in 2024.

Conclusion/Implications: Cervical cancer screening using VIA can be implemented while awaiting a transition to HPV testing. Participation of private health facilities in the programme increased screening coverage, while treatment of screen-positive women increased with adequate training and resourcing of providers.

EP129 / #998**Topic:** AS04. Prevention & Downstaging / AS04c. Screening & Early Detection**EXAMINATION OF PATIENTS WITH ASCUS AS A RESULT OF SMEAR IN A GYNECOLOGICAL ONCOLOGY CLINIC: TERTIARY CENTER RESULTS**Ayşe Hazirbulan, Gazi Güner, Ilkbal Temel Yüksel

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Introduction: This study aimed to analyze the results of patients with atypical squamous cells of undetermined significance (ASCUS) on cervical cytologic examination and to evaluate the relationship between human papillomavirus and colposcopy results.

Methods: The results of patients with ASCUS cytology results who were admitted to the Gynecologic Oncology outpatient clinic of Başakşehir Çam and Sakura City Hospital within the last year were evaluated. It was analyzed retrospectively. A total of 300 patients were included in the study. Ninety-seven patients had cervical cytology results of ASCUS.

Results: The mean age of the patients was 40. The rate of ASCUS in Pap smear results was 31.2%. Human Papilloma Virus (HPV) results were 19.8% HPV negative, 14.6% HPV type 16 positive, 6.3% HPV type 18 positive, 46.9% HPV other types positive, and 3.1% HPV type 18 and type 16 positive. The colposcopy results performed in ASCUS showed 47.4% chronic cervicitis, 35.2% CIN 1 (low-grade cervical intraepithelial neoplasia), 7.2% CIN 2 (high-grade cervical intraepithelial neoplasia), and 3.1% CIN 3 (high-grade cervical intraepithelial neoplasia). In ascus, 43.2% of previous smears had negative cytology results. 1.9% of patients screened for cotest results had a history of smoking

Conclusion/Implications: According to the ASCCP (American Society for Colposcopy and Cervical Pathology) guidelines, the starting age for cervical cancer screening is 21. Between the ages of 21 and 29, screening is performed every 3 years with cytology. Between the ages of 30-65, screening is performed every 3 years with a smear, every 5 years with a cotest, or every 5 years with a primary HPV test. The World Health Organization defines cervical cancer as “a preventable cause of death”.

EP130 / #326

Topic: AS04. Prevention & Downstaging / AS04c. Screening & Early Detection

DISTRIBUTION OF HIGHLY ONCOGENIC HPV TYPES AMONG WOMEN WHO UNDERWENT PCR SCREENING IN ALMATY, KAZAKHSTAN

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Introduction: Human papillomavirus (HPV) infection is the most significant etiological factor in the development of cervical cancer, with HPV types 16 and 18 accounting for the majority of high-grade cervical lesions and malignancies worldwide. The purpose of this study was to assess the prevalence of HPV infection, including oncogenic types, among women undergoing routine PCR-based HPV screening in Kazakhstan. T

Methods: A retrospective single-center study was conducted, including data from 129 women who underwent PCR testing for HPV as part of a screening program.

Results: The study included 129 women aged 21 to 70 years. The average age was 36.2 ± 9.4 years. Overall HPV positivity according to PCR testing results was 24%. Of the 31 HPV-positive women: HPV 16 was detected in 11 patients (8.5%), HPV 18 — in 8 patients (6.2%), other HPV types — in 20 patients (15.5%). Co-carriage of hpv16 + hpv18 was registered in one patient. The distribution of HPV infection by age groups showed the highest proportion of positive results among women aged 25–35 years – 34.4% of all HPV-positive ($p < 0.05$). Age analysis revealed that the average age of the group is 32 years, while infection with hpv Other is statistically significantly more common among young patients (18-25 years, average age - 28 years, $p < 0.05$).

Conclusion/Implications: The obtained data confirm the high prevalence of HPV infection among women of reproductive age, which emphasizes the need to continue screening and introduce vaccination against oncogenic types of HPV in Kazakhstan.

EP131 / #630

Topic: AS04. Prevention & Downstaging / AS04c. Screening & Early Detection

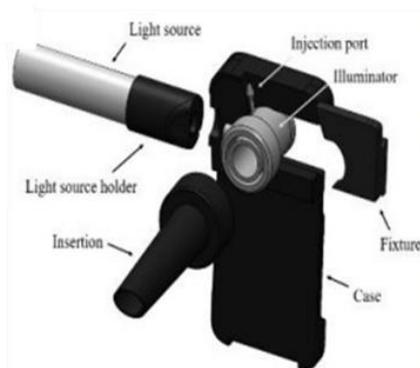
SCOPE (SMARTPHONE COLPOSCOPY EVALUATION): A FEASIBILITY STUDY OF SMARTPHONE-BASED CERVICAL CANCER SCREENING IN THE KINGDOM OF ESWATINI

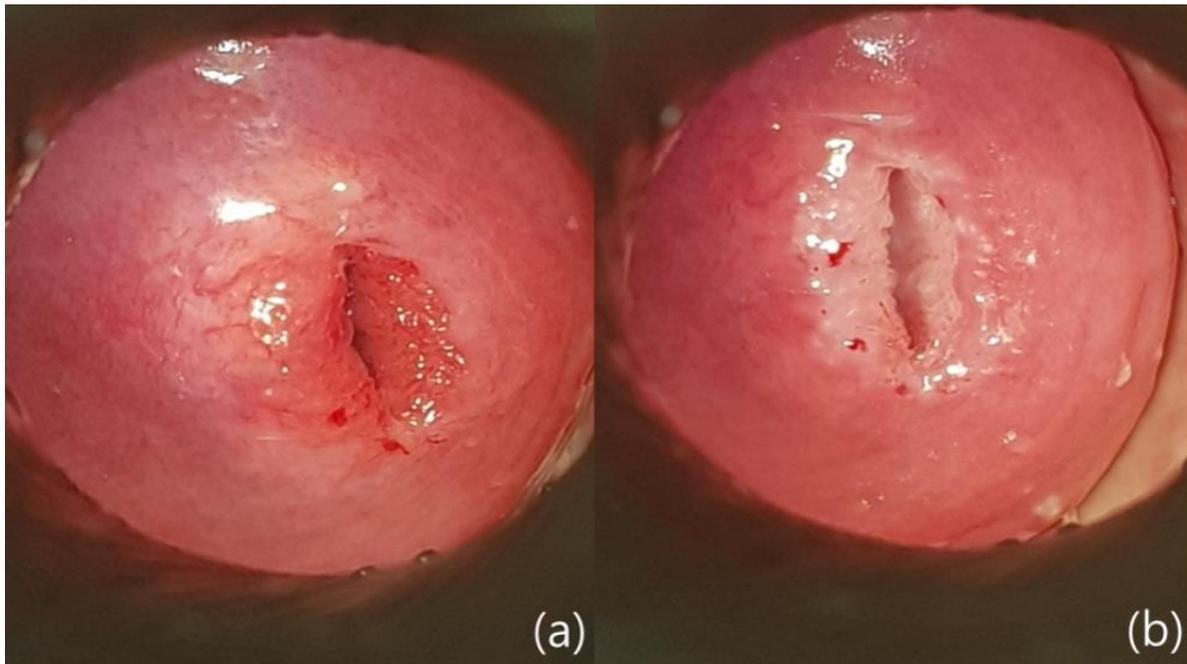
Eun Taeg Kim¹, Yeo Jin Hong², Jee Young Lee³, Seong Jin Wang⁴, Tae Min Yoon⁴, Hwan Do Jeong⁴, Bernard Uzabakiriho⁵, Amy Wise⁵, Yeh-Chan Ahn², Chul Ho Oak⁶

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Introduction: Access to cervical cancer screening remains limited in low-income countries. To address this gap, we implemented a smartphone colposcopy evaluation (SCOPE) in local clinics and compared findings with cytology results. This study aims to validate the feasibility and diagnostic performance of SCOPE as a cervical dysplasia and cancer screening tool.

Methods: We enrolled 353 women from three clinics (Ezulwini, King Sobhuza, and Lobamba) in Eswatini between 2020 and 2021. Each underwent smartphone colposcopy with 5% acetic acid, followed by cytology. Smartphone-based VIA (MIA) assessed acetowhite lesions based on post-acetic acid images. Cytology was reviewed by two expert pathologists under 400× magnification.





Results: Median age was 44.2 years (range 20–87); mean parity 2.9, abortions 0.3. HIV positivity was 27.5%. Complete cervical visualization was achieved in 85.8%, with 70.8% having fully visible squamocolumnar junction. Image quality was rated excellent in 64.3%, good in 30.9%, and poor in 4.8%. MIA positivity was 15.0% (53/353). Concordance analysis identified 13 cases (3.7%) with both MIA-positive findings and abnormal cytology: HSIL (n=5), ASCH (n=6), and ASCUS (n=2).

Conclusion/Implications: The SCOPE system showed promising feasibility for cervical cancer screening in low-resource settings, demonstrating high image quality and complete cervical visualization rates. SCOPE provides superior focus and magnification, enabling more precise identification of acetowhite lesions. Based on our results, SCOPE appears to facilitate better detection of high-grade cervical lesions. However, given the risk of overtreatment inherent to visual inspection-based screening, careful integration of MIA-positive findings with cytology is warranted to ensure appropriate triage and avoid unnecessary interventions.

EP132 / #953**Topic:** AS04. *Prevention & Downstaging / AS04c. Screening & Early Detection***PSYCHOSOCIAL BURDEN OF TESTING POSITIVE FOR HUMAN PAPILLOMAVIRUS: A SCOPING REVIEW**

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Introduction: Human papillomavirus (HPV) testing is central to cervical cancer screening. Although 80% of infections clear within two years, HPV persistence is a necessary cause of cancer. The STI-related stigma and fear of cancer make testing positive a potential psychosocial burden. This paper aims to map the existing literature and the current state of knowledge regarding the psychosocial impact of testing positive for HPV.

Methods: Four databases; DOAJ, Scopus, PubMed, and Embase were searched using predefined search terms yielding 90 articles after deduplication. Sixty-five articles were excluded after screening process. Data were extracted from 25 retrieved articles on publication year, country of study, tools of psychosocial assessment, study design, and key findings. Findings were summarized in narratives.

Results: Most of the studies were in high income countries with only one in Africa. HPV infection is associated with significant psychosocial effects, including anxiety, depression, sexual dysfunction, and marital disharmony. These effects were shown to be heightened in the immediate period after diagnosis but dissipate by 6months-24months after diagnosis. Factors such as background psychosocial conditions may play a role in the heightened psychosocial issues. Adequate information and counseling moderate the response to diagnosis.

Conclusion/Implications: The psychosocial burden of testing positive for HPV can adversely affect individuals and may influence future screening behavior. Comprehensive counseling before and after testing is essential to minimize these effects. As HPV screening is increasingly adopted across Africa, it is critical to assess and address the associated psychosocial burden.

EP133 / #358**Topic:** AS04. Prevention & Downstaging / AS04c. Screening & Early Detection**THE PREVALENCE OF HIGH-RISK GENITAL HPV INFECTION AMONG WOMEN ATTENDING THE OUT-PATIENT CLINIC OF TERTIARY TEACHING HOSPITAL IN NORTHWEST NIGERIA**Ibrahim Yakasai¹, Rabiya Mahmoud², Ibrahim Danladi¹¹BAYERO UNIVERSITY KANO/AMINU KANO TEACHING HOSPITAL KANO, Obstetrics And Gynaecology, Kano, Nigeria, ²National hospital Abuja, Obstetrics And Gynaecology, Abuja, Nigeria

Introduction: Human papillomavirus (HPV) is the main cause of cervical cancer, linked to 99.7% of cases. About 75% of sexually active individuals will contract genital HPV in their lifetime, with around 20 million women infected globally. This study aimed to determine the prevalence of high-risk HPV infection among women at the Gynaecology Clinic in AKTH Kano, Nigeria

Methods: Cross-sectional study sampled 200 women over 6 months using consecutive sampling. Socio-demographic information collected with pre-tested questionnaire. Viral DNA extracted and purified using QiagenR kits, amplified via multiplex-PCR, and detected by agarose gel electrophoresis. Data analyzed with SPSS version 20. Association between HPV infection and various risk factors tested using chi-square, with significance at $P < 0.05$.

Results: 200 women aged 20-63 participated in the study. Distribution of high-risk HPV showed 63.5% negative and 36.5% positive, with prevalence of 36.5%. HPV type 31 most predominant (25%), followed by type 35 (8%) and type 16 (3.5%). Types 18 and 33 were not detected. The highest prevalence of hr HPV seen in 30-39 age group (46.6%), followed by the 20-29 age group (19.2%). Most had a single hr-HPV infection (76.1%), while 23.9% had multiple combinations, commonly types 31 and 35. No significant statistical relationship was observed with age.

Conclusion/Implications: Prevalence of high-risk HPV was 36.5%. Most had a single infection with a specific genotype. Highest prevalence was in women aged 30-39, especially those with earlier sexual debut and combined contraceptive pill use. Previous STI infection did not affect high-risk HPV acquisition in this study.

EP134 / #703

Topic: AS04. Prevention & Downstaging / AS04c. Screening & Early Detection

BREAKING THE BARRIERS OF LATE PRESENTATION OF PATIENTS FOR SCREENING AND TREATMENT OF CERVICAL CANCER THROUGH CAPACITY BUILDING OF COMMUNITY HEALTH WORKERS AND TRADITIONAL PRACTITIONERS

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Introduction: South Africa continues to face persistent inequities in cervical cancer prevention, particularly in rural communities where awareness and access are limited. Such communities prefer Community Health Workers (CHWS) and Traditional Health Practitioners (THPS) as the first point of contact. Lack of information about cervical cancer by CHWS and THPS results in a delay in women accessing the screening services. The study aimed to pilot an innovative capacity-building approach to CHWS and THPS on Cervical and Breast Cancer.

Methods: A culturally tailored training module was piloted in five districts across three provinces in South Africa. Multilingual facilitation, interactive posters, visual models, and use of THP as facilitator were approaches used in the training. Over 120 participants were engaged through 2-day sessions. Knowledge gain was assessed pre- and post-training using Mentimeter.

Results: Participants reported increased understanding of HPV, cervical cancer, and self-sampling techniques. The use of culturally resonant materials and live translation significantly enhanced engagement. The Advocacy messaging was embedded throughout training sessions. Trainings provided an opportunity to debunk myths associated with HPV, screening and cervical cancer treatment. Lack of local terminology associated with HPV screening and treatment was a common barrier to counselling women and referring them to the health facilities. Using role plays allowed participants to reflect on the information gained regarding different STIs and cervical cancer.

Conclusion/Implications: Building CHW and THP capacity is essential to advancing HPV vaccination, cervical cancer screening, and early detection efforts in underserved settings. This model will inform the national implementation of cervical cancer elimination goals for South Africa.

EP135 / #807

Topic: *AS04. Prevention & Downstaging / AS04c. Screening & Early Detection*

GENERATING EVIDENCE-BASED RECOMMENDATIONS FOR THE MOST COST-EFFECTIVE CERVICAL SCREENING POLICY FOR SOUTH AFRICA, FOR BOTH HIV INFECTED AND HIV NON-INFECTED WOMEN

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Introduction: South Africa introduced a school-based vaccination program in 2014 and transitioned to liquid-based Cytology screening from conventional smear screening in 2018. While the two interventions are promising in responding to the burden associated with Cervical cancer, the return on investment will only be realised in the medium to long term. Cervical cancer is the second most common cancer among women; the most common female cancer in women aged 15 to 44 years; and accounts for the deaths of 5,595 women annually. The study aimed to collect and analyse data on HR-HPV prevalence in women undergoing cervical screening (liquid-based cytology (LBC) method) to generate evidence-based recommendations for the most cost-effective cervical screening policy.

Methods: Implementation research was useful to support the possible scale-up of interventions and integration in national health systems. It assessed feasibility taking account of local context, the transferability of the study outcomes to a country-wide scale, and supports iterative refinement for successful revision and often focuses on strategies required for the delivery or introduction of interventions.

Results: A total of **94,059** HPV results were analysed. Partial genotyping done for 16, 18, 45 and others. **37,866** tested hr HPV positive (40,3% positivity rate). Of the 37898 HIV positive women, **18221 tested positive for hr HPV.** (48%). Results were stratified based on LBC results and HPV detection rates. HPV detection rates were 20% higher than in HIV negative women.

Conclusion/Implications: The high HPV prevalence rates suggested that LBC should be considered as triaging method in the South African context despite transitioning to HPV primary screening.

EP136 / #521**Topic:** AS04. Prevention & Downstaging / AS04c. Screening & Early Detection**FACTORS ASSOCIATED WITH UPTAKE OF CERVICAL CANCER SCREENING AND ITS EFFECT ON STAGE AT DIAGNOSIS AMONG ZIMBABWEAN WOMEN RECENTLY DIAGNOSED WITH CERVICAL CANCER**Tatenda Mjanga^{1,2}, Bothwell Guzha¹, Zvavahera Chirenje¹, Grant Murewanhema¹¹University of Zimbabwe, Child, Adolescent And Women's Health, Harare, Zimbabwe, ²Parirenyatwa Group of Hospitals, Obstetrics And Gynaecology, Harare, Zimbabwe

Introduction: Cervical cancer is a leading cause of cancer death in low- and middle-income countries like Zimbabwe where it is the most diagnosed cancer among women. Screening and treatment of precancerous lesions can prevent the disease or enable early detection, improving outcomes. However, screening rates remain low in Zimbabwe. This study aimed to evaluate factors associated with uptake of cervical cancer screening as well as the influence of screening on stage at diagnosis among Zimbabwean women recently diagnosed with cervical cancer.

Methods: This was a cross-sectional study conducted on consenting women aged 18 or over, enrolled in an NIHR funded study named African aWAreness of CANcer and Early Diagnosis (AWACANED).

Results: Among the 216 recruited participants, 78.7% reported having prior cervical cancer screening, and almost all (97%) by Visual Inspection with Ascetic acid (VIA). Widows were less likely to be screened (OR = -0.16, CI= -0.32 – 0.08, p=0.04) while access to a cell phone and living with HIV were associated with uptake of screening (OR=0.34, CI=0.28 – 0.65, p<0.001) and (OR=0.17, CI=0.12 – 0.33, p=0.01) respectively. Among the 104 participants screened within the last year and staged at the time of the interview, 66(63.4%) had early-stage disease (Stage1A - 2A) while 27/39(69.2%) of the never-screened had early-stage disease (p=0.75).

Conclusion/Implications: Having a history of cervical cancer screening has no influence on disease stage at diagnosis. Cell phone access and living with HIV are associated with uptake of screening, and widows are less likely to be screened.

EP137 / #803

Topic: AS04. Prevention & Downstaging / AS04c. Screening & Early Detection

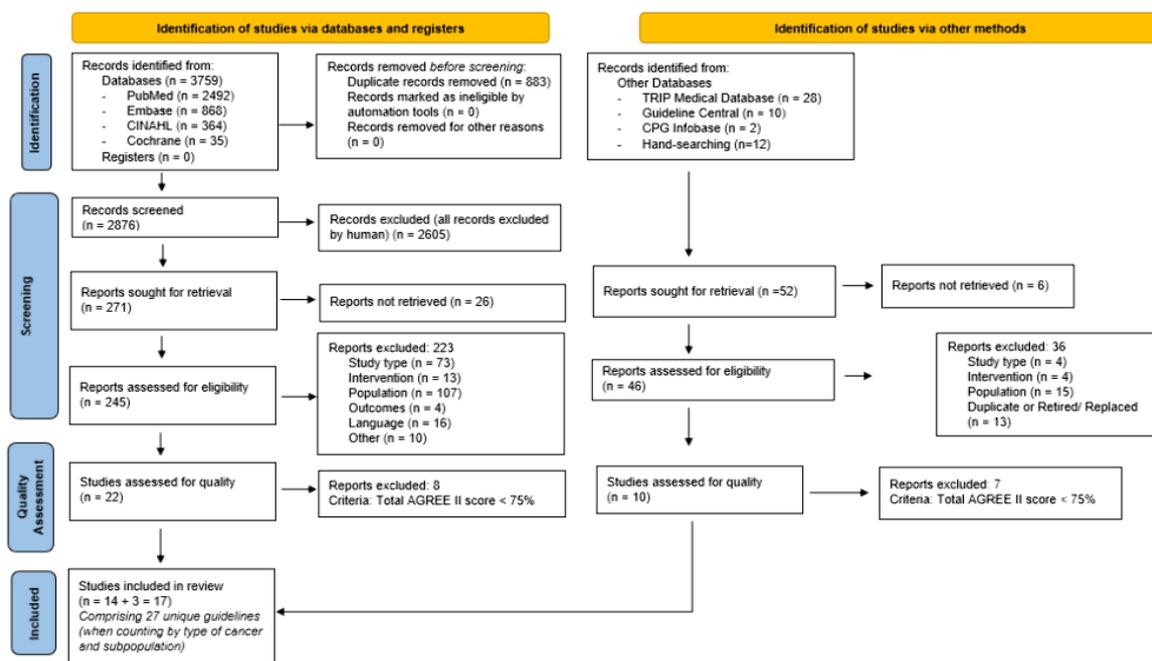
SCREENING OF HUMAN PAPILLOMAVIRUS-RELATED ANOGENITAL CANCERS IN IMMUNOCOMPROMISED WOMEN: A SYSTEMATIC REVIEW OF CLINICAL PRACTICE GUIDELINES

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Introduction: Human papillomavirus (HPV)-related anogenital cancers disproportionately affect immunocompromised patients due to poor HPV clearance and accelerated oncogenicity. This systematic review compares anogenital cancer screening Clinical Practice Guidelines (CPGs) among different subpopulations of immunocompromised women.

Methods: We conducted a systematic review of CPGs addressing cervical, anal, vaginal and vulvar cancer screening among immunocompromised women published between 2004 and 2025 according to PRISMA guidelines. Recommendations were categorised by women living with HIV (WLWH), who are transplant recipients, and with autoimmune conditions.



From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;372:n71. doi: 10.1136/bmj.n71. For more information, visit: <http://www.prisma-statement.org/>

Results: The final review included 27 guidelines. Guidelines for transplant recipients and women with autoimmune conditions had poorer quality. Only seven high-quality guidelines addressed resource-limited settings. While there was no consensus on cervical cancer screening recommendations for initiation, cessation, frequency, methods, and colposcopy referral thresholds, newer guidelines increasingly recommended three-yearly HPV testing or co-testing. For anal neoplasia screening, most guidelines recommended annual screening from age 45 years via anal cytology only if there is access to high resolution anoscopy (HRA). Otherwise, digital anal rectal examination (DARE) was recommended. Only one guideline addressed vaginal cancer screening, for post-hysterectomy WLWH. It recommended annual vaginal cuff Pap testing and vaginal colposcopy for abnormal cytology or patients with concomitant vulvar lesions. Routine vulvar cancer screening was not recommended.

Conclusion/Implications: More high-quality CPGs are required for non-WLWH immunocompromised women. Recommendations catering to low-resource settings are urgently needed. Future guidelines should address the expansion of novel biologics, increased survival among various immunocompromised patient groups e.g. end-stage renal disease, and need for differential screening algorithms according to the level of immunosuppression.

EP138 / #414

Topic: AS04. *Prevention & Downstaging / AS04c. Screening & Early Detection*

INCREASING CERVICAL CANCER SCREENING AMONG CAREGIVERS OF PATIENTS AT UGANDA CANCER INSTITUTE: A PRAGMATIC STUDY.

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Introduction: Lifetime cervical cancer screening prevalence in Uganda is <30%. The primary objective of this study was to increase cervical cancer screening among caregivers at Uganda Cancer Institute (UCI).

Methods: This pragmatic study included female caregivers of patients hospitalized at UCI who were 25+ years of age who had not had cervical cancer screening in the past year and who were able to converse and provide consent in English or Luganda. Nurse educators from the UCI Comprehensive Community Cancer Program (CCCP) provided education about cervical cancer and screening in a hospital meeting room during ward rounds when caregivers are free from caretaking. Interested participants were guided to the walking-distance CCCP clinic for screening via visual inspection with acetic acid and same-day treatment at the adjacent gynecologic oncology clinic if indicated. Primary endpoint was uptake of cervical cancer screening. Secondary endpoint was change in cervical cancer knowledge. Descriptive statistics summarized participant characteristics and screening uptake. Paired t-tests were used to measure change in knowledge pre-/post-education.

Results: 101 participants were recruited between July 2024 and December 2024. In a 6-question knowledge test, scores increased significantly post-education from a mean of 64% correct to 81% correct ($p < 0.001$). 78% of participants had never been screened for cervical cancer. 50 participants (49.5%) underwent same-day cervical cancer screening.

Conclusion/Implications: Results from this pilot study show that opportunistic screening for cervical cancer among caregivers of inpatients at UCI is feasible. Barriers to this free and accessible screening are being evaluated to further increase uptake in this population.

EP139 / #413**Topic:** AS04. Prevention & Downstaging / AS04c. Screening & Early Detection**KNOWLEDGE, ATTITUDES, AND PRACTICES REGARDING CERVICAL CANCER SCREENING AMONG WOMEN IN BANGKOK, THAILAND: A COMMUNITY-BASED STUDY**Shina Oranratanaphan¹, Kamonchanok Moonchai², NatkritaPothipornthawat³, Somsook Santibenchakul³, [Natacha Phoolcharoen](#)¹¹Faculty of Medicine, Chulalongkorn University, Obstetrics And Gynecology, Bangkok, Thailand, ²Srisavarindhira Thai Red Cross Institute of Nursing, Bangkok, Thailand, ³King Chulalongkorn Memorial Hospital, Obstetrics And Gynecology, Bangkok, Thailand**Introduction:** Cervical cancer remains a significant public health issue in Thailand, particularly among women in low-income communities. Despite the availability of effective screening programs, participation rates remain low. This study assessed knowledge, attitudes, and practices (KAP) regarding cervical cancer screening among women in Bangkok's Dindaeng community and identified factors influencing screening uptake.**Methods:** A cross-sectional survey was conducted among 450 women aged 25–65 years. A structured questionnaire collected demographic data, knowledge of cervical cancer and screening, attitudes, and barriers to participation. Descriptive statistics and logistic regression were used to analyze screening behavior.**Results:** After data cleaning, 428 participants were included. The mean age was 47.89 years (SD = 11.2). While 65.4% had undergone screening at least once, only 15.4% adhered to regular screening. The most common barriers were the absence of symptoms (54.7%) and fear of screening procedures (42.1%). Only 31.8% identified HPV as the cause of cervical cancer, and 23.8% were aware of the HPV vaccine. Higher knowledge scores were associated with having fewer children (AOR = 10.71, 95% CI: 1.29–89.12), while oral contraceptive use was negatively associated (AOR = 0.14, 95% CI: 0.03–0.74).**Conclusion/Implications:** Despite moderate screening rates, significant knowledge gaps and misconceptions persist. Health education initiatives should emphasize HPV awareness and the importance of regular screening, particularly in underserved communities.

EP140 / #887**Topic:** AS04. Prevention & Downstaging / AS04c. Screening & Early Detection**COMPREHENSIVE HPV GENOTYPING AND PREVALENCE PATTERNS IN A SOUTH INDIAN COMMUNITY: FIRST INSIGHTS FROM A LARGE-SCALE CERVICAL CANCER SCREENING STUDY**

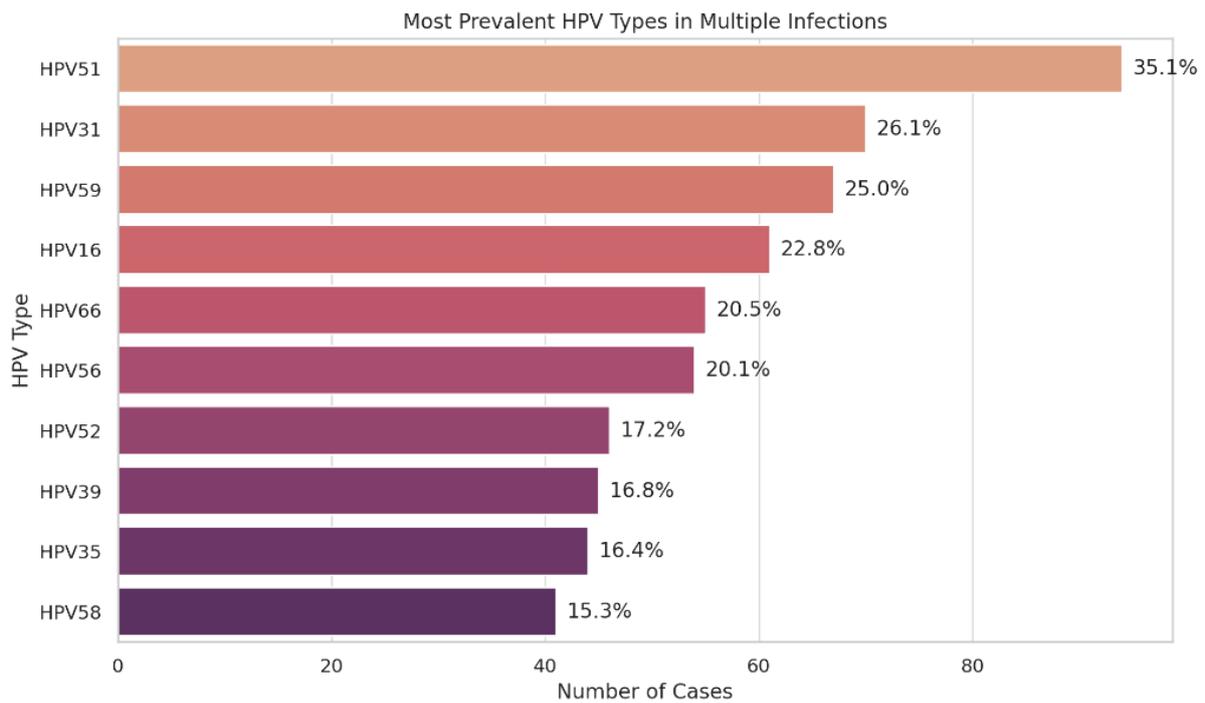
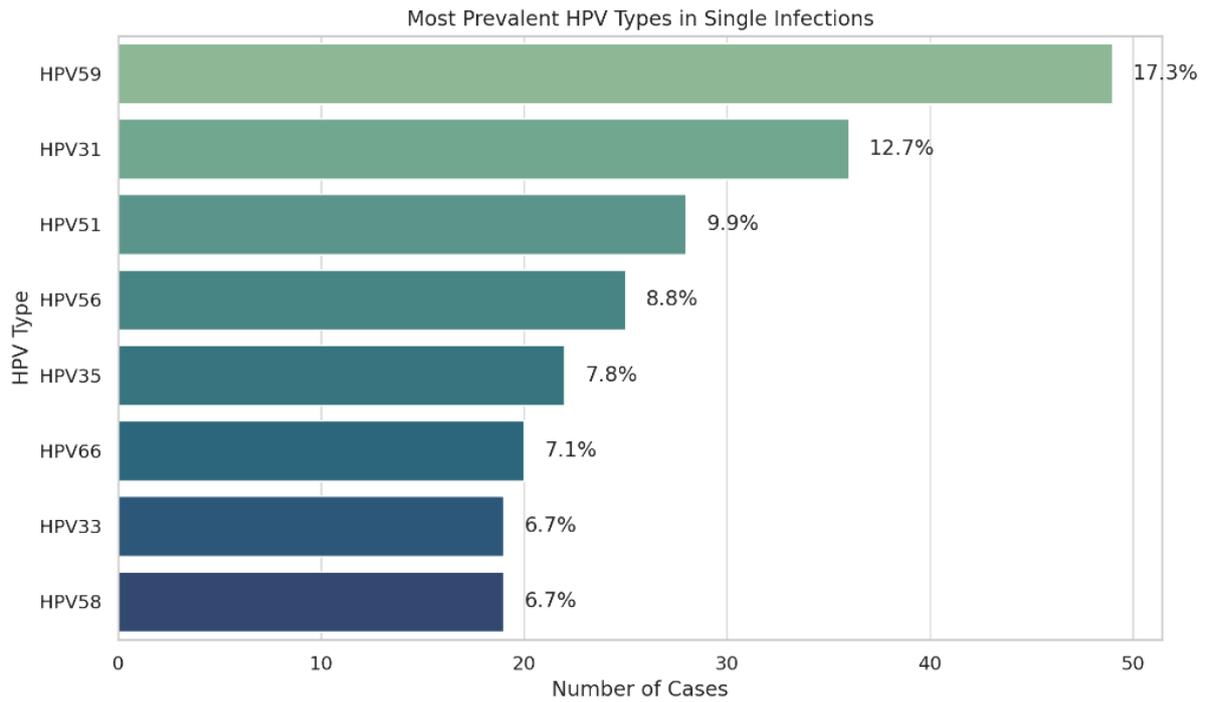
Vijayalakshmi Ramshankar¹, Yasasve Madhavan¹, Vaishnavi Muktineni¹, Shipin M¹, Manikandan S¹, Soundharya Ravindran¹, Srinidhi R¹, Latha Mahalingam¹, Latha Balasubramani², Leela Digumarti³, Lalitha Ramasubramanian⁴, Aarthi T.P⁵, Mounika N⁵, Shaik Humera Nemath⁵

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Introduction: India has a low national screening coverage for Human papillomavirus (HPV) with only 1.9% of women aged 30-49 years. Complete HPV genotyping holds critical significance in India due to high burden of cervical cancer and diversity of HPV types in the Indian population. Comprehensive genotyping helps to stratify risks, prioritise follow ups and refine management. Current study describes the comprehensive HPV genotyping among the women who were found to be HPV positive under the Other HR-HPV category (31,33,35,39,45,51,52,56,58,59,66,68) to identify the individual genotypes.

Methods: A total of 583 clinical samples that were tested positive for 12-pooled OHR HPV, based on Cobas 4800 platform and presenting with mixed infections, were chosen for complete genotyping for HPV using the All Plex HPV HR detection kit(Seegene).

Results: Of the 583 community screening samples, 94.5%(551/583) showed concordance between Cobas 4800 and Allplex HPV tests. Multiple HPV subtypes were detected in 46%(268/583) of samples, while 48.5%(283/583) had single-subtype infections. Among multiple infections, HPV51(35%), HPV 31(26.1%),and HPV59(25%) were the most common. In single infections, HPV59(17.3%), HPV31(12.7%), and HPV51(9.9%) predominated. HPV16 appeared in 22.8% of multiple infections and was 7.6 times more likely in co-infections, while HPV18 was 32 times more likely. The most frequent co-infection pairs were HPV31+HPV51(8.6%),HPV51+HPV52(7.1%),and HPV39+HPV51(6.7%) in asymptomatic South-Indian women.



Conclusion/Implications: This analysis reveals distinct HPV type distributions between single and multiple infections, with high-risk types (HPV16 and HPV18) showing a strong preference for co-infection. Certain HPV combinations, particularly those involving HPV51 and HPV31, occurred with notable frequency, suggesting possible biological interactions or shared risk factors.

EP141 / #884**Topic:** AS04. Prevention & Downstaging / AS04c. Screening & Early Detection**COMPARISON OF TWO SELF-COLLECTION SAMPLERS AND HEALTH-WORKER COLLECTION IN A SOUTH AFRICAN SCREENING POPULATION.**Cathy Visser¹, [Leon Snyman](#)¹, Azwidowi Lukhwareni², Haynes Van Der Merwe³, Greta Dreyer¹, Hennie Botha³¹University of Pretoria, Obstetrics And Gynaecology, Pretoria, South Africa, ²University of Pretoria, Medical Virology, Pretoria, South Africa, ³Stellenbosch University, Obstetrics And Gynaecology, Cape Town, South Africa**Introduction:** Self-sampling is safe, highly acceptable and has the potential to increase cervical screening uptake; it has been proven to be generally as accurate as clinician-collected samples. Data on Evalyn-brushes and other self-samplers are readily available, but there is limited data on Qiagen genomic tip used in self-sampling.**Methods:** Cervical specimens were self-collected, [either Qiagen (37.3% of women) or Evalyn-brush (63.0% of women)], and health care worker(HCW) collected, and tested for HPV using the Hybrid Capture 2(HC2) assay. Histology was obtained for 92% screen-positive and 43% screen-negative participants; unavailable histology was determined by multiple imputation to adjust for verification bias. Test performance was calculated using cut-off of cervical intraepithelial neoplasia grade 3 or higher (CIN3+). For direct comparison purposes, Evalyn-brush group was adjusted to reflect similar HIV-prevalence than Qiagen-brush group.**Results:** A total of 907 women were recruited, 43.1% | 56.9% HIV-positive | HIV-negative, mean age 43.1 years in both groups. Subgroup of self-collection were adjusted to include 719 specimens, HIV-prevalence 54.5%. Sensitivity|positive predictive value (PPV) of HC2 to predict CIN3+ on histology were 68.4%|32.5% on HCW-collected specimens. Sensitivity|PPV for HC2 to predict CIN3+ on the respective self-samplers were 61.0%|27.3% on Evalyn-brush and 75.8%|35.5% on Qiagen-brush respectively [K=0.64 for Evalyn v HCW-collected; K=0.69 for Qiagen v HCW-collected].

Table 1. Test performance of Hybrid Capture 2 to predict CIN3+ on histology for HCW- and self-collected specimens

| | CIN3+ prevalence % [95% CI] | Sensitivity % [95% CI] | Specificity % [95% CI] | PPV % [95% CI] | NPV % [95% CI] | Accuracy % [95% CI] |
|--|--------------------------------|---------------------------|---------------------------|---------------------|---------------------|------------------------|
| HC2 HPV, HCW collected [HIV positivity: 43.0%] | 14.8 [12.5-17.2] | 68.4 [59.8-76.2] | 75.4 [72.2-78.4] | 32.5 [28.9-36.3] | 93.3 [91.5-94.7] | 74.4 [71.4-77.2] |
| HC2 HPV, Self-collected, Evalyn-brush [HIV-positivity: 54.5%] | 15.6 [12.1-19.6] | 61.0 [47.4-73.5] | 70.0 [67.6-75.0] | 27.3 [22.4-32.8] | 90.7 [87.5-93.1] | 68.6 [63.7-73.2] |
| HC2 HPV, Self-collected, Qiagen-brush [HIV-positivity: 54.5%] | 19.8 [15.7-24.5] | 75.8 [63.6-85.5] | 65.9 [60.0-71.6] | 35.5 [30.7-40.5] | 91.7 [87.7-94.4] | 67.9 [62.6-72.9] |

Cohen's Kappa, K:

Evalyn-brush v HCW collected: K = 0.64 [95%CI: 0.55 - 0.72]

Qiagen-brush v HCW collected: K = 0.69 [95%CI: 0.61 - 0.77]

Conclusion/Implications: Self-sampling with either Evalyn brush or Qiagen genomic brush correlated well with the test performance of HCW collected HPV testing on the HC2 platform and can confidently be promoted for screening with the HC2 test, taking the expected test performance into account when designing the treatment algorithm.

EP142 / #989**Topic:** AS04. Prevention & Downstaging / AS04c. Screening & Early Detection**THE FEASIBILITY AND ACCEPTABILITY OF ENDOMETRIAL CANCER SCREENING TO IDENTIFY HIGH-RISK POSTMENOPAUSAL POPULATION**Andrea Neilson¹, Arabella Helgason¹, Dollina Dodani¹, Rachel Woima², Nimmy Sebastian¹, Karman Johal¹, Jessica Mcalpine¹, [Aline Talhouk](#)¹¹University of British Columbia, Department Of Obstetrics And Gynaecology, Vancouver, Canada, ²University of Waterloo, Department Of Systems Design Engineering, Waterloo, Canada**Introduction:** Endometrioid endometrial cancer (EEC) prevention strategies may not be cost-effective at the population level. The RESToRE study aimed to assess the feasibility and accessibility of a two-step screening approach to identify high-risk individuals from the general population who may benefit from intervention.**Methods:** The first screening step used an epidemiological risk model and self-reported risk factors in a postmenopausal, asymptomatic population. Those with a 10-year absolute EEC risk $\geq 2\%$ or a body mass index ≥ 34.9 were directed to the second screening step, which involved prescribing the progesterone challenge test (PCT), with 10 mg medroxyprogesterone acetate for 10 days. Withdrawal bleeding, monitored for up to 2 weeks after the completion of the PCT, indicated a positive test and triggered a referral to a gynecologist for an endometrial biopsy. We collected participant and physician feedback to assess acceptability using the Theoretical Framework of Acceptability, and feasibility, as determined by enrollment and retention.**Results:** RESToRE recruited 713 participants, 582 (81.6%) met our eligibility criteria, and 124 were high-risk (21.3%). Ninety-nine of these were eligible for PCT screening (79.8%), 73/99 consented (enrollment=73.7%), and 53/73 completed the PCT (retention=72.6%). Sixteen were PCT-positive (30.2%), 14/16 were biopsied (87.5%), and 1 was diagnosed with endometrial hyperplasia (7.1%). Among those who provided feedback, the majority (76.4%) of participants considered the PCT acceptable, and most (84.2%) physicians perceived the PCT as safe.**Conclusion/Implications:** The feasibility and acceptability of the screening strategies proposed within the RESToRE study could offer possibilities for targeted prevention research in populations at risk of EEC.

EP143 / #743

Topic: AS04. Prevention & Downstaging / AS04c. Screening & Early Detection

TURN THE LIGHTS DOWN LOW: COLPOSCOPY OUTCOMES IN ANTIGUA AND BARBUDA IN AN HPV-BASED SCREENING PROGRAMME

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Introduction: Cervical cancer remains a major cause of morbidity and mortality in the Caribbean, including Antigua and Barbuda, where screening uptake has historically been low despite access. In 2022, HPV primary testing replaced cytology-based screening in primary care. This study evaluates colposcopy outcomes from the initial cohort of women screened to guide further programme expansion.

Methods: A retrospective cohort study was conducted through the primary care services and the colposcopy clinic at the Sir Lester Bird Medical Centre (SLBMC), the only public colposcopy clinic in Antigua and Barbuda. Records of HPV-positive women referred and managed between September 2022 and July 2023 were reviewed. Data on demographics, HPV subtype, colposcopic impression, histopathologic findings, and treatment were analysed.

Results: Of 200 referrals, 193 women underwent colposcopy and biopsy—up from an average of 45 cervical biopsies annually in 2019–2020. Median age was 39 years; median parity was two. 92% underwent HPV testing for the first time, with 113 (59%) reporting prior normal cytology. 54% of women were positive for high-risk HPV types 16/18/45. CIN 2+ lesions were identified in 44% and invasive disease in 2% (Fig 1). Agreement between colposcopic impression and histopathology was 70% for CIN 1, 55% for CIN 2 and 74% for CIN 3 (Table 1). Among women with high-grade lesions, 79% were treated, mainly via excisional procedures. All invasive cases involved HPV 16/18/45.

Fig 1 HR HPV POSITIVE WOMEN FROM PRIMARY CARE MANAGED IN THE SLBMC COLPOSCOPY CLINIC FROM SEPTEMBER 2022 TO JULY 2023

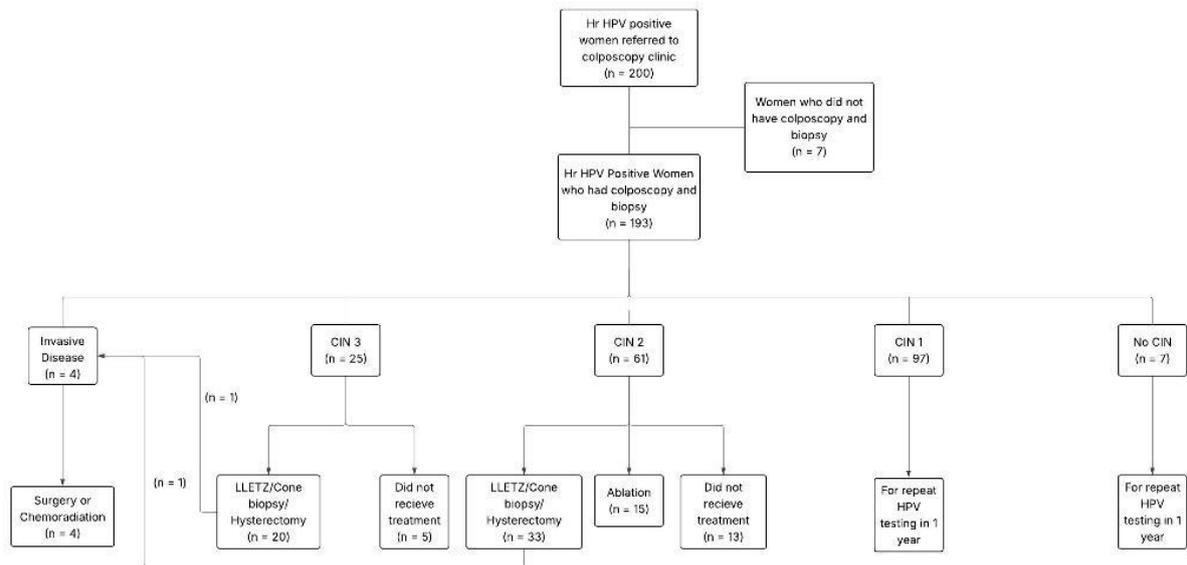


Table 1. Histopathology results by HPV Type and Colposcopic Impression

| HISTOPATHOLOGY RESULT | NO CASES | | Total | COLPOSCOPIC IMPRESSION | | |
|-----------------------|--|--|-------|------------------------|-----------|------------|
| | Hr HPV 16/18/45 No Cases (% of total) | HPV Type Others No Cases (% of total) | | Normal/ Grade 1 | Grade 2 | Not stated |
| No Dysplasia | 6 (86%) | 1 (14%) | 7 | 6 (*85%) | 1 | 0 |
| CIN 1 | 57 (58%) | 41 (42%) | 98 | 59 (*70%) | 24 | 14 |
| CIN 2 | 28 (47%) | 32 (53%) | 60 | 24 | 29 (*55%) | 7 |
| CIN 3 | 10 (42%) | 14 (58%) | 24 | 6 | 17 (*74%) | 1 |
| Invasive | 4 (100%) | 0 (0%) | 4 | 0 | 2 (*100%) | 2 |

* Percentage of colposcopic impressions stated

Conclusion/Implications: HPV-based screening substantially increases colposcopy demand and the detection of high-grade lesions. Improved capacity, diagnostic accuracy, and training must be addressed to sustain long-term improved outcomes.

EP144 / #808

Topic: AS04. Prevention & Downstaging / AS04c. Screening & Early Detection

APPLYING RESULTS OF EXTENDED GENOTYPING FOR RISK ASSESSMENT OF HIGH-RISK HPV AND CYTOLOGICAL FINDINGS FOR COLPOSCOPY REFERRAL

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Introduction: The enduring consensus cervical cancer screening guideline has recently implemented "extended genotyping" for better risk assessment. This study aimed to evaluate the risks of CIN3 or worse based on extended genotyping results to stratify patients for colposcopy referral, more accurately.

Methods: Risks of CIN2 or worse, were calculated using data obtained from our referral Hospital affiliated with Tehran university of Medical Sciences. All the patients with positive HR-HPV and normal/low-grade cytology, underwent colposcopy, and biopsies were taken if necessary. Written informed consent was obtained from all patients.

Results: Overall, 746 patients with mean age of 33.8 were evaluated with positive high-risk HPV types (including 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59 & 68). Our data indicates following results: Risk of CIN3 or worse in NILM/HPV16 & NILM/HPV18 was estimated to be 8.8% and 5.9%, respectively. However, the same risk was 3% and 0% in NILM/HPV 45/31/33/52/58/35/39 and NILM/HPV 59/56/68/51 groups. The detailed information of the data is demonstrated in Table 1. Table 1 Risk of CIN2 or worse for combinations of extended genotyping and cytological finding

| Baseline covariate | N | CIN2+ cases | CIN2+ immediate risk | CIN3+ cases | CIN3+ immediate risk |
|-------------------------------------|-----|-------------|----------------------|-------------|----------------------|
| ASC-US+*/HPV16 | 88 | 18 | 20.4% | 10 | 11.3% |
| NILM/HPV16 | 260 | 39 | 15% | 23 | 8.8% |
| ASC-US+/HPV18 | 20 | 4 | 20% | 2 | 10% |
| NILM/HPV18 | 68 | 6 | 8.8% | 4 | 5.9% |
| ASC-US+/HPV 45/31/33/52/58/35/39 | 68 | 6 | 8.8% | 2 | 2.9% |
| NILM/HPV 45/31/33/52/58/35/39 | 164 | 18 | 11.0% | 5 | 3.0% |
| ASC-US+/HPV 59/56/68/51 | 19 | 0 | 0% | 0 | 0% |
| NILM/HPV 59/56/68/51 | 74 | 2 | 2.7% | 0 | 0% |

*ASC-US+ indicates atypical squamous cells of undetermined significance or Low-grade squamous intraepithelial lesion (LSIL)

Conclusion/Implications: Extended genotyping is an informative risk assessment tool in managing patients with positive HPV test results and surveillance. Based on the limited number of patients assessed in this study, the results cannot be generalized to all patients. However, it seems beneficial to take HPV 39/45 group as 16-related group for colposcopy referral, especially in the setting of low compliance with follow up.

EP145 / #954

Topic: AS05. Social Responsibility: Global Health, Economic Challenges & Inequity

A UK GENERAL POPULATION CONTINGENT VALUATION SURVEY ON WILLINGNESS TO PAY FOR MAINTENANCE TARGETED THERAPY IN OVARIAN CANCER

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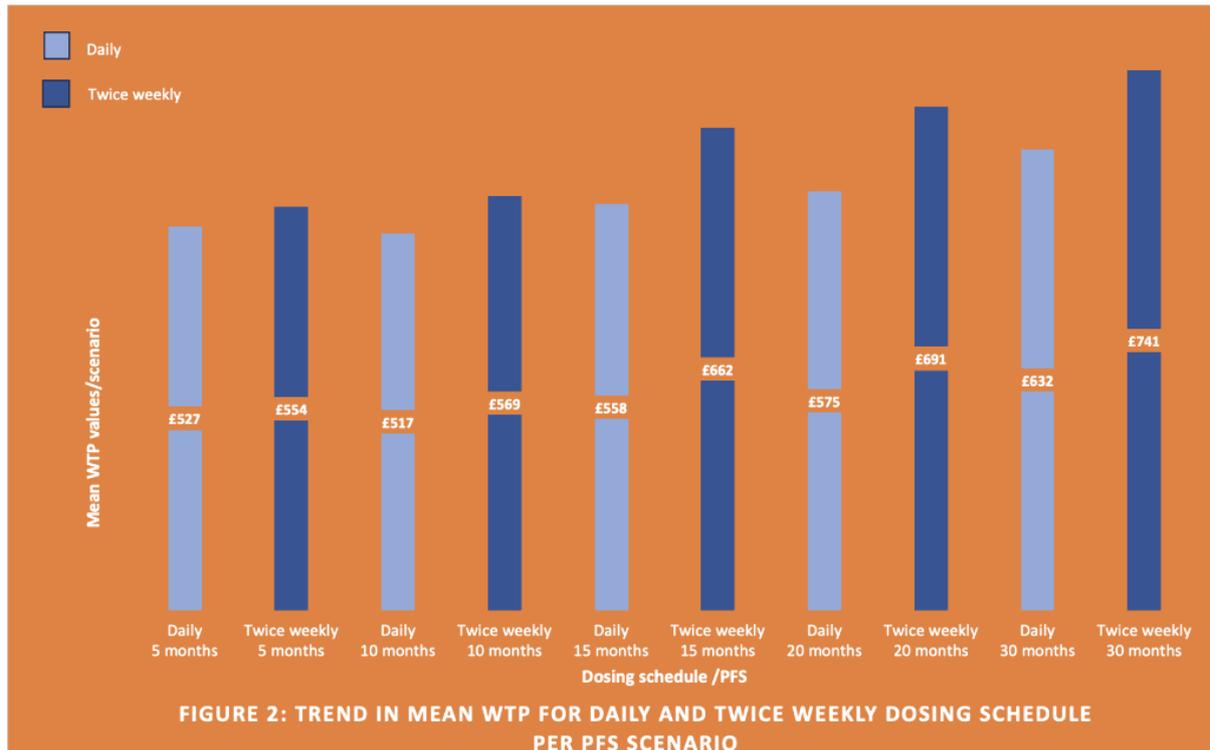
Introduction: PARP inhibitors (PARPi) have emerged as mainstay maintenance treatment in ovarian cancer (OC). Access and affordability remain an issue for majority of women globally. Although funded in the UK, economic evaluation studies indicate that PARPi are not cost-effective at the current cost. They are also associated with side-effects which lead to dose interruption or discontinuation. Emerging evidence supports individualised or reduced PARPi dosing without significant detriment in efficacy. This study determines the value of a reduced versus daily dosing schedule of targeted therapy in OC to women in the UK at different levels of benefit and side-effects.

Methods: Patient and public consultation on the design of the survey took place August-October 2023. The survey was developed and delivered online via a web platform provided by a market research company with access to a large panel of respondents across the four nations of the UK. Data collection took place from 22nd April-2nd May 2024. Results are presented with descriptive statistics and regression analysis performed to determine factors influencing willingness to pay (WTP).

Results: 936 women responded, 704 were WTP while 232 including protest responses were not WTP (Fig 1). WTP was higher with the reduced dosing and increased in both dosing scenarios with increase in progression free survival (PFS) (Fig 2). Age >65, income >£40,000 and having private insurance were significant determinants of WTP.

Figure 1: Reasons for unwillingness to pay (can select multiple reasons)

| Unwillingness to pay reasons (n=232) | Frequency (%) |
|---|---------------|
| This medication is of no value to me | 28 (12.1) |
| I cannot afford it | 145 (62.5) |
| The government should pay for it | 50 (21.6) |
| I would prefer to spend my money elsewhere | 22 (9.5) |
| Other reason | 11 (4.7) |



Conclusion/Implications: Depending on duration of PFS, women would accept a reduced dosing schedule with fewer side-effects. These findings can guide future studies on dose optimisation and modelling in health economic evaluation.

EP146 / #925**Topic:** AS05. *Social Responsibility: Global Health, Economic Challenges & Inequity***CLINICAL FEATURES AND OUTCOMES OF EPITHELIAL OVARIAN CANCER IN A WEST AFRICAN COHORT STUDY**

Kwabena Amo-Antwi¹, Lauren Davis Rivera², Roxanna Haghghat², Yvonne Nartey³, Thomas Konney⁴, Phillip Agyemang Prempeh¹, Kofi Dekyi⁴, George Osei Prempeh⁴, Ramatu Agambire¹, Eloise Chapman Davis²

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Introduction: Epithelial ovarian cancers (EOCs) are the most common malignant ovarian neoplasms globally. However, data on clinical presentation, staging, and treatment outcomes for patients in low- and middle-income countries (LMICs) are limited.

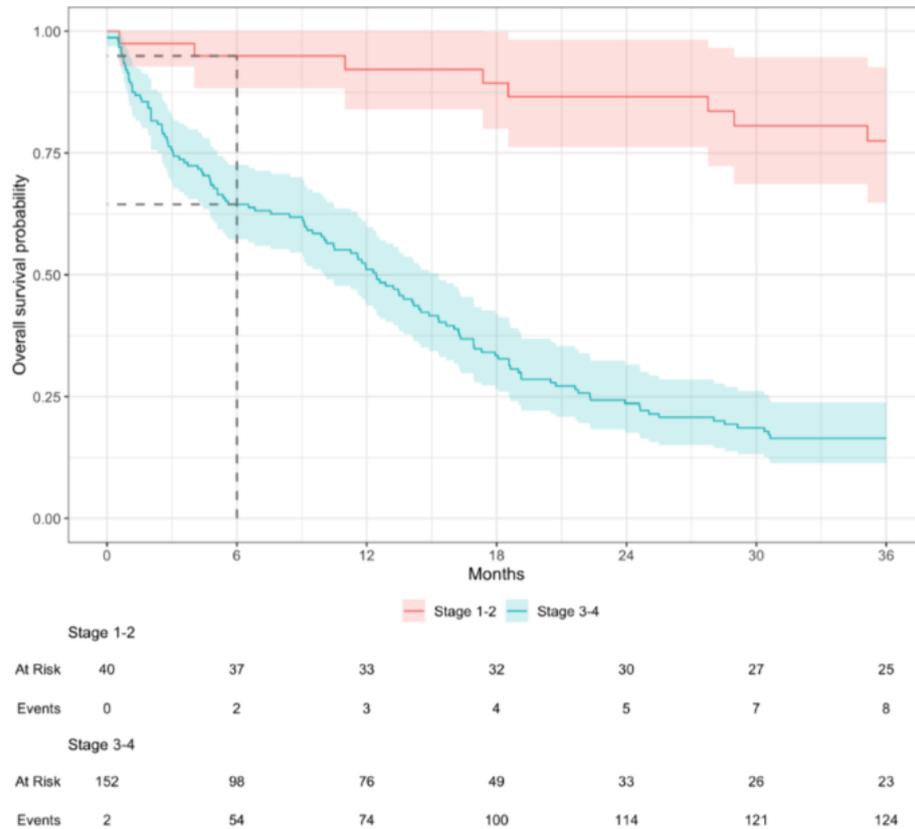
Methods: We conducted a retrospective analysis of patients with biopsy-confirmed EOC presented presenting for evaluation at Komfo Anokye Teaching Hospital (KATH) in Ghana from 2013-2024. Demographic, clinical, and treatment data were analyzed (Table 1). Overall survival (OS) was estimated using Kaplan-Meier method.

Results: Among 196 patients with epithelial ovarian cancer (EOC), the median age was 55 years, and median BMI was 25.9 kg/m². Median follow-up was 14.5 months (IQR 14.5-35.6). The most common symptoms were abdominal distension (64.8%) and abdominopelvic mass (22.4%), with a median symptom duration of 5 months. 79.6% presented with advanced-stage disease (FIGO III-IV). High-grade serous carcinoma was the predominant histology (52.0%), in both advanced (56.4%) and early-stage (32.5%). Median CA-125 at presentation was 517.7 u/mL. 38.8% underwent cytoreductive surgery, and 48.4% received any chemotherapy. The 3-year OS for the cohort was 28.7% (95% CI: 22.8–36.2%) and was significantly improved for early stage (FIGO I-II) 77.5% (95% CI 64.8-92.6%, p<0.01) compared to advanced stage 16.4% (95% CI 11.4-23.8%) (Figure 1).

| Variable | Category | Total (n=196) N (%) |
|-----------------------|--|---------------------|
| Age (Median [IQR]) | 55.0 years (45.0-63.3) | |
| BMI (Median [IQR]) | 25.91 kg/m ² (23.1-30.7) | |
| Parity | Nulliparous | 22 (11.2) |
| | Primiparous | 39 (19.9) |
| | Multiparous | 135 (68.9) |
| Residence | Urban | 92 (46.9) |
| | Peri-urban | 37 (18.9) |
| | Rural | 67 (34.2) |
| Education level | None | 72 (36.7) |
| | Primary/Elementary | 57 (29.1) |
| | Junior/Senior High | 39 (19.8) |
| | Tertiary | 28 (14.3) |
| Main symptom | Abdominal distension | 127 (64.8) |
| | Abdominopelvic mass | 44 (22.4) |
| | Lower abdominal pain | 16 (8.2) |
| | Vaginal/rectal bleeding | 6 (3.1) |
| | Urinary retention/constipation | 2 (1.0) |
| Comorbidities | Cardiovascular | 75 (38.3) |
| | Pulmonary | 2 (1.0) |
| | Renal | 1 (0.5) |
| | Other | 5 (2.6) |
| | None | 121 (61.7) |
| Histology subtype | High-grade serous | 101 (51.5) |
| | Low-grade serous | 8 (4.1) |
| | Mucinous | 34 (17.3) |
| | Endometrioid | 21 (10.7) |
| | Carcinosarcoma | 5 (2.6) |
| | Clear cell | 4 (2.0) |
| | Brenner | 1 (0.5) |
| | Adenocarcinoma (not otherwise specified) | 22 (11.2) |
| FIGO Stage | Stage 1 | 30 (15.3) |
| | Stage 2 | 9 (4.6) |
| | Stage 3 | 56 (28.6) |
| | Stage 4 | 100 (51.0) |
| CA-125 (Median [IQR]) | 517.7 U/mL (148.3-1315.8) | |
| Surgery Type | Primary debulking | 71 (36.2) |
| | Interval debulking | 5 (2.6) |
| | Secondary debulking | 8 (4.1) |
| | Biopsy alone | 108 (55.1) |
| | N/A | 4 (2.0) |
| Receipt of any chemo | Yes | 95 (48.5) |
| | No | 101 (51.5) |

BMI = Body Mass Index, FIGO = International Federal of Gynecology and Obstetrics, IQR = Interquartile range, LTFU = Lost to follow-up, N/A = Not applicable

Figure 1: Survival probability for individuals diagnosed with epithelial ovarian cancer in Ghana from 2013-2024, by disease stage



Conclusion/Implications: In this cohort with EOC, most patients presented with advanced stage and high-grade serous histology in this cohort. Only 38.8% underwent surgery and 48% received any chemotherapy showcasing possible referral delays. Advanced-stage contributed to declining 3-year OS rates. Improving early detection and expanding access to diagnostic and oncological care are needed to improve outcomes in LMICs.

EP147 / #513**Topic:** AS05. *Social Responsibility: Global Health, Economic Challenges & Inequity***CERVICAL CANCER SCREENING IN UKRAINE: A SURVEY OF PRIMARY CARE PROVIDERS' ATTITUDES AND PRACTICES**

Saar Yanuta¹, Ali Dzemiliev², Areta Bojko³, Darya Kizub⁴, Kerollos Nashat Wanis⁴, Vadym Vus⁵, Inesa Huivaniuk⁶, Viacheslav Kopetskyi⁶, Nelya Melnitchouk²

¹Nevada Donor Network, Las Vegas, United States of America, ²Brigham and Women's Hospital, General Surgery, Boston, United States of America, ³Women and Infants Hospital, Providence, United States of America, ⁴University of Texas MD Anderson Cancer Center, Houston, United States of America, ⁵Karpylivka Hospital, Rivne, Ukraine, ⁶Kyiv Regional Cancer Center, Kyiv, Ukraine

Introduction: We assessed the experiences, beliefs, and challenges that primary care providers (PCPs) face in Ukraine related to cervical cancer screening to identify opportunities to improve implementation of screening and early detection of cervical cancer.

Methods: An online survey for PCPs was distributed through social media in Ukraine to gather data about practices, barriers, and beliefs related to cervical cancer screening.

Results: 292 PCPs, including 250 (86%) family medicine and 42 (14%) internal medicine physicians from all regions of Ukraine, completed the survey. 269 (92.1%) referred patients to gynecology for screening, while 59 (20.2%) reported performing HPV/Pap co-testing and 57 (19.5%) Pap testing. The use of HPV tests and patient-administered HPV testing was rare at 17 (5.8%) and 12 (4.1%), respectively. 248 (84.9%) of PCPs believed that the Pap test combined with an HPV test is highly effective in reducing cancer deaths. The top three perceived healthcare-related barriers to improving cervical cancer screening included insufficient training about how to conduct screening, reported by 111 (38.0%) PCPs, insufficient education for counseling patients about the risks and benefits of screening reported by 9 (3.1%), and a shortage of essential equipment 122 (41.8%). The main perceived patient-related barriers to screening included a lack of awareness about cancer symptoms, reported by 122 (41.8%) PCPs; the cost of testing for HPV vaccination and PAP reported by 105 (36.0%) PCP.

Conclusion/Implications: We identified important barriers to cervical cancer screening by PCPs in Ukraine, which can inform future studies and interventions to improve cervical cancer screening in Ukraine.

EP148 / #1085

Topic: AS05. Social Responsibility: Global Health, Economic Challenges & Inequity

BARRIERS TO HPV VACCINATION IN TUNISIA: A QUALITATIVE STUDY AMONG PARENTS OF ADOLESCENT GIRLS

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Introduction: Human Papillomavirus (HPV) causes over 90% of cervical cancer cases. Vaccination is most effective when administered during adolescence before sexual activity begins. Despite national recommendations, parent vaccination coverage remains low. Understanding the barriers is critical to designing effective interventions.

Methods: We conducted a prospective, quantitative study. Our target population consisted of parents with daughters of vaccination age. A questionnaire was administered to evaluate the Parental perception of the vaccine

Results: In Our study the sex ratio was 0.59. Twelve parents were from a low socio-economic background, The raisons of the causes of the non acceptance of the vaccination are: the lack of Information (“I don’t really know what the vaccine is for.) in 40% of cases due to Poor awareness of HPV and its link to cervical cancer and the Limited information from schools or health services. And second reason is the Fear and Misinformation (“I heard it can make girls infertile.”) in 46,7% Concerns about side effects and Rumors and myths around fertility and safety. Third reason is Sociocultural and Religious Beliefs in 15% of cases because in Muslim countries because they think that Vaccination seen as encouragement of early sexual activity and Distrust in modern medicine or Western practices. And vaccine inefficacy in 28%. and to logistical and Financial Barriers.

Conclusion/Implications: This study highlights the importance of educational interventions in improving knowledge and acceptance of the HPV vaccine among parents. While initial awareness was limited and hesitancy was present due to concerns such as infertility and systemic effects, the use of an informational video significantly enhanced both theoretical understanding and willingness to vaccinate.

EP149 / #946

Topic: AS05. *Social Responsibility: Global Health, Economic Challenges & Inequity*

FACTORS RELATED TO DELAYED PATIENT PRESENTATION FOR CERVICAL CANCER TREATMENT IN ZAMBIA

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Introduction: Cervical cancer (CC) is the most frequent cancer diagnosed in women in Zambia, where patients often present with locally advanced disease. The only institution providing radiotherapy services in Zambia is Cancer Diseases Hospital (CDH) in Lusaka. Delays between initial diagnosis in the community and presentation to CDH for treatment (referral delay) have been described quantitatively, on average 55 days. This study aimed to understand the factors leading to referral delays.

Methods: One-time patient interviews were conducted. Semi-structured interview questions were guided by the Social-Ecological Model, which examined factors at individual, interpersonal, community, organizational, and policy levels. Patients were recruited at CDH at completion of initial consultation or radiation simulation. A research nurse was present for translation. Interviews were audio recorded, and later transcribed and analyzed utilizing NVivo Plus software.

Results: Twenty-five patients were interviewed during August-September 2021. Individual factors included household income, limited ability to access transportation, commute times up to 15 hours, and fear about CC. Interpersonal factors included stigma surrounding CC, misinformation about treatment, and childcare challenges. Institutional barriers included initial misdiagnosis in the community and cost of transportation. Community factors included financial support available and preference for traditional healers. Policy factors included ability to enroll in the national insurance plan, enrollment costs, and out of pocket costs for investigations and treatment.

Conclusion/Implications: These results aid in understanding the factors contributing to referral delays for patients with CC in Zambia. Knowledge of these factors can facilitate solutions, with an aim to decrease delays and improve patient outcomes.

EP150 / #698

Topic: AS05. *Social Responsibility: Global Health, Economic Challenges & Inequity*

DISPARITIES IN CERVICAL CANCER DIAGNOSIS AND TREATMENT AMONG RURAL AND URBAN WOMEN ENROLLED IN THE AWACAN-ED STUDY (ZIMBABWE)

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Introduction: Cervical cancer is a public health issue worldwide, particularly affecting women in low and middle-income countries. In Zimbabwe, cervical cancer is the commonest cancer among women, and a leading cause of cancer-related deaths. The incidence and mortality rates of cervical cancer remain high, with rural women being more affected due to several challenges such as limited screening access, poor healthcare infrastructure, cultural and socioeconomic barriers. Addressing these disparities is crucial to improve cervical cancer outcomes in Zimbabwe.

Methods: A cross-sectional study using convenience sampling was conducted to perform a secondary analysis of the AWACAN-ED redcap data base. 216 women were recruited from October 2022 to November 2023. The Chi-square and Fisher's exact tests were run for categorical variables. Multivariate logistic regression was performed to determine factors associated with the outcome of interest.

Results: Key findings suggest that there was an association between residence and level of education, energy sources used, employment status, health insurance coverage and availability of internet. Rural women were less likely to be screened compared to their urban counterparts. There was significant proportion of women diagnosed with late-stage disease in rural areas than urban areas and a greater percentage of rural women had delayed treatment intervals.

Conclusion/Implications: Rural women were less likely to undergo regular cervical cancer screening, leading to later stage diagnosis and delayed treatment intervals compared to urban women. To improve cervical cancer outcomes in rural areas, it is essential to enhance access to screening and treatment services.

EP151 / #523**Topic:** AS05. *Social Responsibility: Global Health, Economic Challenges & Inequity***RACIAL DISPARITIES IN HISTOLOGIC SUBTYPES AND STAGE AT PRESENTATION OF ENDOMETRIAL CANCER: A CANADIAN TERTIARY CENTER STUDY**Reitan Ribeiro¹, [Gabriel Levin](#)¹, Laurence Bernard¹, Xing Zeng¹, Annie Leung¹, Lucy Gilbert²¹McGill, Montreal, Canada, ²McGill University, Division Of Gynecologic Oncology, Research Institute, McGill University Health Centre, Gerald Bronfman Department Of Oncology, Montreal, Canada**Introduction:** Racial disparities in endometrial cancer outcomes may be partially explained by differences in tumor biology. This study aimed to examine variations in histologic subtypes and FIGO stage at diagnosis among patients of diverse racial backgrounds treated at a Canadian tertiary center.**Methods:** A retrospective review of patients diagnosed with endometrial cancer at the McGill Cancer Center between 2016 and 2024. Race was self-reported. Tumor histology was categorized as low-risk (endometrioid grade 1–2) or high-risk (grade 3 endometrioid, serous, clear cell, carcinosarcoma, or undifferentiated/dedifferentiated). FIGO stage at diagnosis was grouped as early (I–II) or advanced (III–IV). Statistical comparisons were made using chi-square tests. **Results:****Results:** Of 1,364 patients identified, 753 with reported race were included in the analysis. The racial distribution was: White (52.6%), Asian (15.5%), Other (14.5%), Black or African descent (5.6%), Middle Eastern/North African (5.0%), Latin American (4.6%), and First Nations (2.2%). Histologic subtype distribution varied significantly by race ($p = .005$). High-risk histologies were most prevalent among patients of Black or African descent (66.7%), Asian (50.0%), and Middle Eastern/North African origin (42.9%), compared to Latin American (36.8%), First Nations (36.4%), Other (31.4%), and White patients (27.3%). FIGO stage at diagnosis did not differ significantly across racial groups ($p = .93$), with early-stage disease present in 69–76% of all cohorts.**Conclusion/Implications:** Racial differences in tumor histology were observed, with a higher prevalence of high-risk histology among certain racialized populations, despite similar stage at diagnosis. These findings underscore the need for tailored treatment approaches and continued efforts to ensure equitable access to care.

EP152 / #181

Topic: AS05. Social Responsibility: Global Health, Economic Challenges & Inequity

IMPACT OF RACIAL BACKGROUND ON SURVIVAL IN ENDOMETRIAL CANCER PATIENTS RECEIVING IMMUNE CHECKPOINT INHIBITORS (ICI) AS FRONT-LINE TREATMENT

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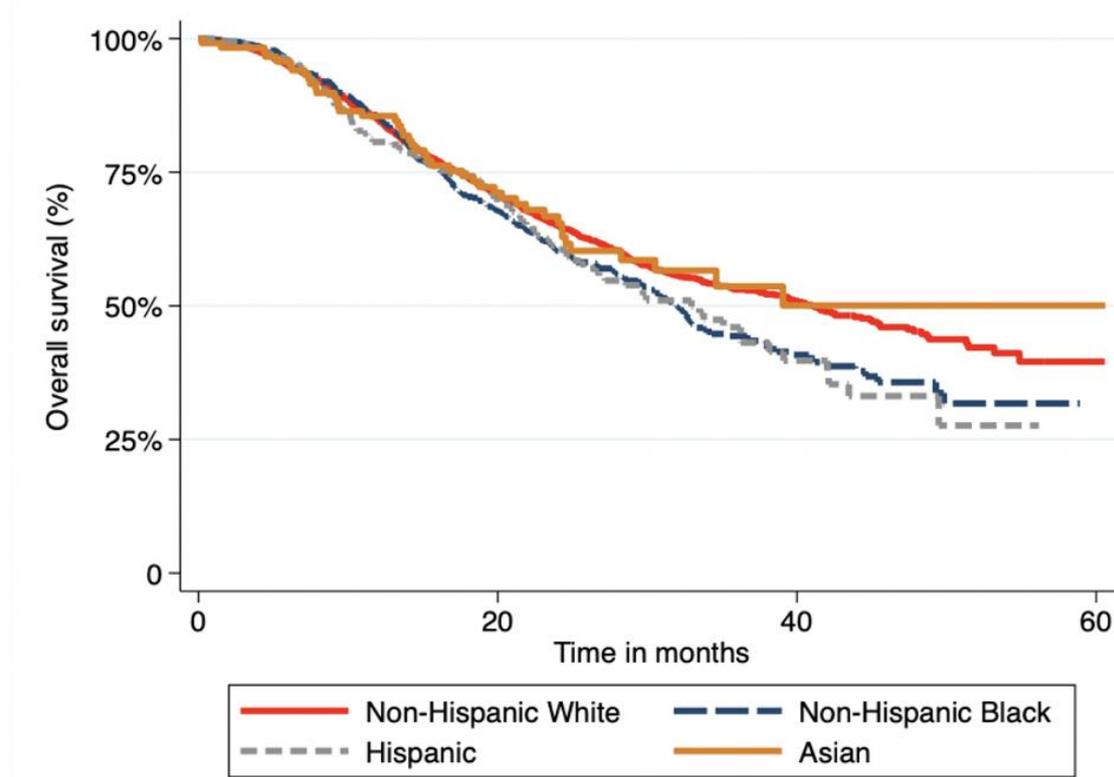
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Introduction: Limited data are available on the impact of race/ethnicity on endometrial cancer (EC) patients' survival in the era of immune checkpoint inhibitors (ICI). We aimed to examine the association of race/ethnicity with outcomes for patients receiving ICI.

Methods: Patients with EC who received immunotherapy between 2019-2022 were identified in the National Cancer Database, a population-based, publicly available database. Immunotherapy was used as front-line and off-label during the study period, given its FDA approval in 2024. We analyzed the association between racial background and demographics, clinical factors, treatment, and outcomes. The association between race/ethnicity and survival was examined using multivariable Cox regression.

Results: 4375/188,444 (2.1%) of patients with EC received front-line immunotherapy. 2,974 (70.0%) were non-Hispanic White (NHW), 922 (21.1%) non-Hispanic Black (NHB), 296 (6.7%) Hispanic, and 183 (2.4%) Asian. Concurrent chemotherapy was common (92.4%, n=4,178), and clinical trial participation was rare (1.3%, n=58). There were no significant differences in survival between NHW patients and all other minority groups combined, controlling for demographic and clinical factors (aHR 1.13, 95% CI 0.98-1.31). However, when stratified by racial/ethnic groups, Hispanic patients had worse survival compared to NHW (aHR 1.38, 95% CI 1.06-1.77). There were no differences in survival between NHW and NHB (aHR 1.10, 95% CI 0.92-1.29) or Asian patients (aHR 1.08, 95% CI 0.76-1.52).

Kaplan Meier plot of overall survival of patients with EC who received ICI stratified by race and ethnicity



Conclusion/Implications: Immunotherapy as front-line treatment for EC may mitigate disparities in outcomes across racial groups. However, worse survival among Hispanic patients highlights potential ancestry-related factors that influence host immune response and autoimmunity mechanisms that warrant further investigation.

EP153 / #872

Topic: AS05. *Social Responsibility: Global Health, Economic Challenges & Inequity*

GYNAECOLOGICAL CANCERS SEEN AT A TERTIARY LEVEL HOSPITAL IN SOUTH AFRICA BETWEEN 2017-2024: A FRERE GCRC/SAMRC CANCER REGISTRY REPORT

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Introduction: This is a report on a hospital-based gynaecological cancer registry. It was set up in 2017 by the UCT-GCRC and funded by SAMRC. Gynaecological cancers are an important health problem in the developing world due to the huge burden of disease; they make up 35% of all cancers in women. In South Africa, cervical cancer is the most common gynaecological cancer, with an age-standardised incidence of 35:100 000

Methods: Data was extracted from the cancer registry from the 1st of January 2017 until the 31st of December 2024, and a retrospective analysis was performed. This database is approved by Walter Sisulu University HREC.

Results: There were 2998 cases of gynaecological cancers registered during the eight years, 2284(76%) cervical cancer, 302(10.1%) uterine cancer, 227(7.6%) vulva cancer, 99(3.3%) ovarian cancer, 54(1.8%) other, 26(0.9%) vaginal cancer, 5(0.2%) GTN. The mean age distribution was 55 years [SD:14.6]. HIV status was unknown in 12,9% of women, 44.5% were living with HIV, and 42.1% were HIV-negative. Most women, 1880(62.7%), presented with a stage 3 or more disease, and only 163(5.4%) presented with stage 1 disease across all cancers. Of those with cervical cancer, only 60 women had stage 1 disease. 97% of women are black, 1% are coloured, and 1% are white.

Conclusion/Implications: This report highlights the problem of late presentation associated with cancers in low socio-economic backgrounds. It also shines the spotlight on cervical cancer, which remains a problem in our province due to poor coverage of screening programs and a lack of awareness

EP154 / #1014

Topic: AS05. Social Responsibility: Global Health, Economic Challenges & Inequity

IMPACT OF PREEXISTING PSYCHIATRIC DIAGNOSES ON CLINICAL OUTCOMES IN WOMEN WITH OVARIAN, ENDOMETRIAL, AND CERVICAL CANCER: A RETROSPECTIVE COHORT STUDY

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Introduction: To evaluate whether preexisting psychiatric conditions affect clinical outcomes among women diagnosed with gynecologic cancers.

Methods: We conducted a retrospective cohort study of women diagnosed with ovarian (n = 22), endometrial (n = 44), or cervical (n = 2) carcinoma between 2014 and 2024 at a tertiary medical center with integrated psycho-oncology services. All women in the study group had a documented preexisting psychiatric disorder. A control group without psychiatric diagnoses (n = 76) was matched 2:1 by cancer type, age, and year of diagnosis. Demographic, clinical, and oncologic data were collected and outcomes compared.

Results: The mean age at diagnosis was 60.5 ± 13.3 years. Psychiatric conditions included depression or anxiety (n = 17), schizophrenia (n = 15), and other disorders (n = 6). Fewer women in the psychiatric group were in partnered relationships (36% vs. 75%, p = 0.003), and median parity was lower (2 vs. 3 children, p = 0.007). Groups were otherwise comparable in performance status, menopausal status, hormone therapy use, and non-psychiatric comorbidities. Rates of advanced-stage disease at diagnosis, cancer recurrence (42.1% vs. 44.7%, p = 0.79), and survival without evidence of disease (57.9% vs. 59.2%, p = 0.89) were similar, with median follow-up durations of 152 and 181 months, respectively.

Conclusion/Implications: Preexisting psychiatric conditions were not associated with worse oncologic outcomes in women with gynecologic malignancies. Integration of psycho-oncology care into standard cancer management may further support patients with psychiatric comorbidities and optimize care delivery.

EP155 / #965**Topic:** AS05. *Social Responsibility: Global Health, Economic Challenges & Inequity***RACIAL DISPARITIES IN ERAS PROTOCOL ADHERENCE AND ASSOCIATED SURGICAL OUTCOMES**

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Introduction: Enhanced Recovery After Surgery (ERAS) protocols improve surgical outcomes, yet racial disparities in compliance remain underexplored in gynecologic surgery. This study evaluated ERAS adherence by race and its association with perioperative outcomes.

Methods: We conducted a retrospective cohort study of patients undergoing open or minimally invasive gynecologic surgery from November 2023 to February 2025. ERAS compliance across >20 metrics was stratified by race. Outcomes included complications, opioid use (Post-Anesthesia Care Unit [PACU] and inpatient), and hospital stay. Wilcoxon rank sum and Fisher's exact tests were used for comparisons. Univariable logistic regression identified factors associated with high ($\geq 80\%$) vs. low ($< 80\%$) compliance.

Results: Among 941 patients, 161 (17.1%) were Black and 780 (82.9%) were White or Other. Overall compliance was similar, but fewer Black patients achieved high compliance (19.3% vs. 26.4%, $p=0.06$). Black patients more often underwent open surgery (24.2% vs. 16.3%, $p=0.016$), had more intraoperative complications (3.7% vs. 1.2%, $p=0.030$), reported higher pain scores (5.7 vs. 4.9, $p<0.001$), required more opioids (35.6 mg vs. 29.3 mg, $p=0.005$), had lower same-day discharge rates (41.0% vs. 60.0%, $p<0.001$), and longer stays (1 vs. 0 days, $p<0.001$). Compliance with glycemic control was higher in Black patients (95.9% vs. 87.6%, $p=0.008$), but lower for normothermia (31.2% vs. 42.0%, $p=0.013$).

| | Overall N = 941 [†] | Race | | p-value [‡] |
|--|------------------------------|--|--|----------------------|
| | | White or Caucasian + Other Race N = 780 [†] | Black or African American N = 161 [†] | |
| Age (Years) | | | | 0.044 |
| Mean (SD) | 53.8 (15.8) | 54.3 (15.7) | 51.2 (16.0) | |
| Median (Q1 - Q3) | 53.0 (42.0 - 67.0) | 54.0 (42.5 - 67.0) | 50.0 (42.0 - 65.0) | |
| BMI | | | | <0.001 |
| Mean (SD) | 28.1 (7.5) | 28.5 (7.2) | 32.1 (8.0) | |
| Median (Q1 - Q3) | 27.7 (24.0 - 32.8) | 27.1 (23.6 - 32.0) | 30.9 (27.0 - 37.3) | |
| ASA Physical Status Class, n (%) | | | | 0.209 |
| I | 139 (15.0%) | 117 (15.2%) | 22 (14.1%) | |
| II | 583 (60.8%) | 492 (63.7%) | 91 (58.3%) | |
| III-V | 209 (22.2%) | 193 (21.1%) | 43 (27.8%) | |
| (Missing or Unknown) | 13 (1.4%) | 8 (1.0%) | 5 (3.1%) | |
| Diabetes Mellitus, n (%) | 159 (16.9%) | 118 (15.1%) | 41 (25.5%) | 0.001 |
| Hypertension, n (%) | 353 (37.5%) | 277 (35.5%) | 76 (47.2%) | 0.005 |
| Tumor Type, n (%) | | | | 0.905 |
| Benign | 744 (79.1%) | 619 (79.5%) | 125 (77.6%) | |
| Malignant | 198 (20.9%) | 160 (20.5%) | 38 (22.4%) | |
| (Missing or Unknown) | 1 (0.1%) | 1 (0.1%) | 0 (0%) | |
| Surgery Type, n (%) | | | | 0.016 |
| Open | 166 (17.6%) | 127 (16.3%) | 39 (24.2%) | |
| MS | 775 (82.4%) | 653 (83.7%) | 122 (75.8%) | |
| Duration of Surgery (Minutes) | | | | 0.931 |
| Mean (SD) | 153.5 (75.7) | 153.8 (77.4) | 151.9 (86.8) | |
| Median (Q1 - Q3) | 140.0 (105.0 - 194.0) | 141.0 (103.0 - 195.0) | 135.0 (112.0 - 184.0) | |
| Morphine Equivalent Daily Dose in MG (Intraoperative) | | | | 0.106 |
| Mean (SD) | 40.6 (16.4) | 40.2 (16.5) | 42.2 (16.1) | |
| Median (Q1 - Q3) | 37.5 (25.0 - 50.0) | 37.5 (25.0 - 50.0) | 47.5 (25.0 - 50.0) | |
| (Missing or Unknown) | 5 (0.5%) | 5 (0.6%) | 0 (0%) | |
| Intraoperative Complications (Y/N), n (%) | | | | 0.030 |
| Length of Stay (Days) | 15 (1.0%) | 9 (1.2%) | 6 (3.7%) | <0.001 |
| Mean (SD) | 0.8 (1.4) | 0.8 (1.3) | 1.2 (1.7) | |
| Median (Q1 - Q3) | 0.0 (0.0 - 1.0) | 0.0 (0.0 - 1.0) | 1.0 (0.0 - 2.0) | |
| Same Day Discharge, n (%) | 534 (56.7%) | 488 (60.0%) | 66 (41.0%) | <0.001 |
| Highest Pain Rating in PACU | | | | <0.001 |
| Mean (SD) | 5.1 (2.8) | 4.9 (2.8) | 5.7 (3.0) | |
| Median (Q1 - Q3) | 5.0 (4.0 - 7.0) | 5.0 (4.0 - 7.0) | 6.0 (5.0 - 8.0) | |
| (Missing or Unknown) | 11 (1.2%) | 10 (1.3%) | 1 (0.6%) | |
| Morphine Equivalent Daily Dose in MG (PACU) | | | | 0.026 |
| Mean (SD) | 28.1 (23.0) | 27.3 (23.1) | 31.7 (27.2) | |
| Median (Q1 - Q3) | 25.0 (12.5 - 37.5) | 25.0 (12.5 - 37.5) | 26.5 (16.5 - 40.5) | |
| (Missing or Unknown) | 233 (25%) | 199 (26%) | 34 (21%) | |
| Morphine Equivalent Daily Dose in MG (Pain) | | | | 0.020 |
| Mean (SD) | 13.3 (18.7) | 12.6 (18.6) | 16.4 (18.6) | |
| Median (Q1 - Q3) | 10.0 (7.5 - 15.0) | 10.0 (7.5 - 12.5) | 10.0 (7.5 - 17.8) | |

| | Overall N = 941 [†] | Race | | p-value [‡] |
|--|------------------------------|--|--|----------------------|
| | | White or Caucasian + Other Race N = 780 [†] | Black or African American N = 161 [†] | |
| (Missing or Unknown) | 644 (68%) | 559 (72%) | 85 (53%) | |
| Morphine Equivalent Daily Dose in MG (PACU + Floor) | | | | 0.005 |
| Mean (SD) | 30.5 (28.1) | 29.3 (27.2) | 35.6 (31.0) | |
| Median (Q1 - Q3) | 25.0 (12.5 - 40.5) | 25.0 (12.5 - 38.8) | 31.3 (18.8 - 44.0) | |
| (Missing or Unknown) | 191 (20%) | 187 (21%) | 24 (15%) | |
| Opioids Prescribed at Discharge (Y/N), n (%) | 749 (79.8%) | 617 (79.1%) | 132 (82.0%) | 0.408 |
| Morphine Equivalent in MG (Discharge) | | | | 0.815 |
| Mean (SD) | 34.1 (16.2) | 33.9 (15.1) | 35.0 (26.4) | |
| Median (Q1 - Q3) | 40.0 (22.5 - 40.0) | 40.0 (22.5 - 40.0) | 40.0 (22.5 - 40.0) | |
| (Missing or Unknown) | 182 (20%) | 163 (21%) | 29 (18%) | |
| 30-Day Postoperative Complications (Y/N), n (%) | 124 (13.4%) | 114 (14.6%) | 10 (6.5%) | 0.006 |
| (Missing or Unknown) | 18 (1.9%) | 11 (1.4%) | 7 (4.3%) | |
| Total Compliance (Percentage of ERAS Interventions Met) | | | | 0.345 |
| Mean (SD) | 74.1 (7.5) | 74.1 (7.7) | 73.7 (6.7) | |
| Median (Q1 - Q3) | 75.0 (69.6 - 80.0) | 75.0 (70.0 - 80.0) | 75.0 (68.8 - 78.3) | |
| Total Compliance (High vs Low), n (%) | | | | 0.057 |
| High | 237 (25.2%) | 236 (26.4%) | 31 (19.3%) | |
| Low | 704 (74.8%) | 574 (73.6%) | 130 (80.7%) | |
| Readmission, n (%) | 20 (2.1%) | 19 (2.4%) | 1 (0.6%) | 0.228 |

Table 1: Patient Characteristics and Surgical Outcomes, Stratified by Race.

| | Overall N = 941 [†] | Race Categories | | p-value [‡] |
|---|------------------------------|--|--|----------------------|
| | | White or Caucasian + Other Race N = 780 [†] | Black or African American N = 161 [†] | |
| Preoperative Counseling, n (%) | 808 (86.0%) | 689 (86.0%) | 139 (86.3%) | 0.908 |
| Bowel Preparation, n (%) | 41 (53.2%) | 33 (52.4%) | 8 (57.1%) | 0.747 |
| Carbohydrate Treatment, n (%) | 52 (6.0%) | 44 (6.1%) | 8 (5.5%) | 0.787 |
| Preoperative Control of Glycemia, n (%) | 543 (80.3%) | 425 (87.6%) | 118 (95.9%) | 0.008 |
| Control of HbA1c, n (%) | 822 (87.4%) | 678 (86.9%) | 144 (89.4%) | 0.381 |
| Postoperative Control of Glycemia, n (%) | 318 (94.3%) | 244 (86.5%) | 74 (79.6%) | 0.105 |
| Preoperative Medications, n (%) | 876 (93.4%) | 723 (92.8%) | 153 (96.2%) | 0.114 |
| Preoperative Blocks, n (%) | 481 (99.8%) | 391 (99.7%) | 90 (100.0%) | >0.999 |
| Wound Infiltration, n (%) | 508 (54.2%) | 431 (55.4%) | 77 (48.1%) | 0.093 |
| Thromboprophylaxis, n (%) | 35 (45.5%) | 28 (44.4%) | 7 (50.0%) | 0.706 |
| Short-Acting General Anesthesia, n (%) | 911 (96.8%) | 752 (96.4%) | 159 (98.8%) | 0.123 |
| PONV Prophylaxis, n (%) | 939 (99.8%) | 778 (99.7%) | 161 (100.0%) | >0.999 |
| Antibiotics Prophylaxis within 60 Minutes of Incision, n (%) | 762 (95.6%) | 626 (99.5%) | 136 (100.0%) | >0.999 |
| Adequate Antibiotic Drug, n (%) | 711 (93.1%) | 584 (93.0%) | 127 (93.4%) | 0.871 |
| Adequate Antibiotic Dose, n (%) | 746 (98.2%) | 615 (98.4%) | 131 (97.0%) | 0.289 |
| Adequate Antibiotic Re-Dose, n (%) | 227 (83.8%) | 188 (83.6%) | 39 (84.8%) | 0.837 |
| Skin Preparation, n (%) | 933 (99.1%) | 773 (99.1%) | 160 (99.4%) | >0.999 |
| Normothermia, n (%) | 360 (40.1%) | 312 (42.0%) | 48 (31.2%) | 0.013 |
| Avoid Drains / Tubes, n (%) | 919 (97.7%) | 763 (97.8%) | 156 (96.9%) | 0.564 |
| Nasogastric Tube, n (%) | 627 (66.7%) | 527 (67.7%) | 100 (62.1%) | 0.175 |
| Morphine Equivalent Daily Dose in MG (Intraoperative) | | | | 0.108 |

| | Overall N = 941 [†] | Race Categories | | p-value [‡] |
|--|------------------------------|--|--|----------------------|
| | | White or Caucasian + Other Race N = 780 [†] | Black or African American N = 161 [†] | |
| Mean (SD) | 40.6 (16.4) | 40.2 (16.5) | 42.2 (16.1) | |
| Median (Q1 - Q3) | 37.5 (25.0 - 50.0) | 37.5 (25.0 - 50.0) | 47.5 (25.0 - 50.0) | |
| Early Mobilization, n (%) | 416 (95.2%) | 362 (95.8%) | 54 (91.5%) | 0.183 |
| Postoperative Fluid Management, n (%) | 776 (83.6%) | 643 (83.7%) | 133 (83.1%) | 0.852 |
| Early Foley Removal, n (%) | 836 (89.8%) | 690 (89.5%) | 146 (91.3%) | 0.504 |
| Early Oral Nutrition, n (%) | 385 (88.3%) | 335 (89.1%) | 50 (83.3%) | 0.197 |
| Extended Thromboprophylaxis, n (%) | 62 (80.5%) | 50 (79.4%) | 12 (85.7%) | 0.725 |
| Total Compliance (Percentage of ERAS Interventions Met) | | | | 0.345 |
| Mean (SD) | 74.1 (7.5) | 74.1 (7.7) | 73.7 (6.7) | |
| Median (Q1 - Q3) | 75.0 (69.6 - 80.0) | 75.0 (70.0 - 80.0) | 75.0 (68.8 - 78.3) | |
| ERAS compliance, n (%) | | | | 0.057 |
| High | 237 (25.2%) | 206 (26.4%) | 31 (19.3%) | |
| Low | 704 (74.8%) | 574 (73.6%) | 130 (80.7%) | |

[†]N (%); Mean (SD); Median (IQR)
[‡]Pearson's Chi-squared test; Fisher's exact test; Wilcoxon rank sum test

Table 2: ERAS Compliance Metrics, Stratified by Race

Conclusion/Implications: While overall ERAS compliance was similar, Black patients were less likely to achieve high levels of compliance and experienced worse perioperative outcomes. Identifying and addressing these specific gaps in ERAS implementation and perioperative care may help reduce racial inequities and optimize surgical recovery pathways.

EP156 / #1112

Topic: AS05. *Social Responsibility: Global Health, Economic Challenges & Inequity*

EMOTIONAL LABOR, JOB SATISFACTION, AND BURN OUT IN SURGICAL PROVIDERS

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Introduction: Emotional labor (EL) is the management of emotions to influence relationships and the mental activities associated with routine tasks. We aimed to explore EL and its association with burnout in surgical practitioners and compare responses by gender and level of training.

Methods: We administered a validated questionnaire to assess EL via 4 tenants (emotional consonance (EC), deep acting (DA), suppression (S), and surface acting (SA)), an abbreviated Maslach Burnout Inventory, and job satisfaction questions to surgical providers.

Results: The survey response rate was 17% (243/1,414). There were no differences in mean EL scores between females and males. Females were more likely to report that work did not leave time for family compared to males (55% vs 40%, $p=0.03$), while males were more likely to report burnout (35% vs 17%, $p=0.008$). Providers with burnout had higher mean EC compared to those who reported sometimes or no burnout (8.55 vs 7.43 vs 7.97, $p<0.001$). Providers who reported sometimes feeling burned out had the highest EL domain means: DA (7.26, $p=0.003$), S (7.91, $p<0.001$), and SA (13.09, $p<0.001$). Attendings had higher mean EC scores (8.20 vs 7.72, $p=0.05$), but lower mean SA scores compared to trainees (10.28 vs 11.96, $p=0.01$). Compared to attendings, trainees reported less time for family (72% vs 52%, $p=0.02$), but had lower rates of burnout (12% vs 27%, $p=0.03$) and callousness (19% vs 46%, $p=0.003$).

Table: Dutch Questionnaire on Emotional Labor, abbreviated Maslach Burnout Inventory, and job satisfaction results among female and male

| | Overall (n=243) | Female (n=158) | Male (n=80) | p-value |
|---|-----------------|----------------|--------------|---------|
| Emotional labor domains, mean (SD) | | | | |
| Emotional consonance | 7.94 (1.53) | 7.86 (1.57) | 8.15 (1.48) | 0.17 |
| Deep acting | 6.76 (2.40) | 6.94 (2.38) | 6.45 (2.40) | 0.14 |
| Suppression | 7.32 (2.50) | 7.55 (2.42) | 6.96 (2.67) | 0.09 |
| Surface acting | 10.79 (4.11) | 11.12 (4.12) | 10.29 (4.10) | 0.14 |
| If given the opportunity to revisit your career choice, would you choose to become a surgeon/work in surgery | | | | |
| No | 53 (23%) | 30 (19%) | 22 (28%) | 0.14 |
| Yes | 190 (78%) | 128 (81%) | 58 (73%) | |
| Does your work schedule leave you enough time for your personal/family life?, n (%) | | | | |
| No | 124 (51%) | 88 (56%) | 32 (40%) | 0.03 |
| Yes | 119 (49%) | 70 (44%) | 48 (60%) | |
| I feel burned out from my work, n (%) | | | | |
| No | 118 (49%) | 81 (51%) | 34 (43%) | 0.01 |
| Yes | 55 (23%) | 27 (17%) | 28 (35%) | |
| Sometimes | 70 (29%) | 50 (32%) | 18 (23%) | |
| I have become more callous toward people since I took this job, n (%) | | | | |
| No | 71 (29%) | 52 (33%) | 16 (20%) | 0.10 |
| Yes | 88 (36%) | 56 (35%) | 31 (39%) | |
| Sometimes | 84 (35%) | 50 (32%) | 33 (41%) | |

Conclusion/Implications: Although EL scores were similar between males and females, males were more likely to report burnout. Future directions include distribution to an exclusively gynecologic oncology cohort.

EP157 / #788**Topic:** AS06. *Tumor Types / AS06a. Breast Cancer***LYNCH SYNDROME MUTATION AND PERSONAL OR FAMILY HISTORY OF BREAST CANCER**Emma Barr, Rebecca Shin, Joseph Denagy

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Introduction: The association between Lynch syndrome gene mutations and breast cancer risk is unclear. This study examined the relationship between personal or family history of breast cancer and Lynch mutation status.**Methods:** Data was extracted from a commercial database for patients undergoing cancer genetic testing in our health system. One-way ANOVA was used to compare genetic testing results and rates of personal history, first-degree, or any family history of breast cancer. Logistic regression was used to analyze the relationship between Lynch mutation and rate of breast cancer.**Results:** 10,185 individuals were identified between 2022-2025. 1717 patients (17%) had a personal history of breast cancer. Of unaffected patients, 3020 (30%) had a first-degree and 6408 (64%) patients had either a first- or second-degree relative with breast cancer. 1022 patients were identified with pathogenic mutations, of which 81 were pathological Lynch variants. One-way ANOVA revealed statistically significant differences between Lynch mutation, non-Lynch pathogenic mutation, and no mutation for individuals in the following areas: rate of personal history of breast cancer (14.81% vs 21.57% vs 16.39%, $p=0.0002$ $F=8.30$); first-degree family history in unaffected individuals (25.9% vs 36.7% vs 29.0%, $p=0.0004$ $F=12.43$); any family history of breast cancer in unaffected individuals (64.2% vs 75.5% vs 72.4%, $p=0.032$, $F=3.45$). Logistic regression found no statistically significant effect of pathogenic Lynch mutation on rate of breast cancer (OR 0.86, 95% CI 0.46-1.59).**Conclusion/Implications:** There is a trend for individuals with Lynch mutation to have lower rates of personal or family history of breast cancer. Additional large-scale prospective studies are indicated.

EP158 / #1081

Topic: AS06. *Tumor Types / AS06a. Breast Cancer*

THE MANAGEMENT OF BREAST MELANOMA: EXPERIENCE OF A SINGLE INSTITUTE

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Introduction: Primary breast melanoma is an exceptionally rare malignancy, accounting for a small fraction of breast tumors. Due to its heterogeneous clinical presentation and the need for specific immunohistochemical confirmation, diagnosis and management remain challenging. This study aims to describe the clinical, histopathological, and therapeutic features of seven patients diagnosed and treated at the Salah Azaiez Institute.

Methods: We conducted a retrospective review managed at the Salah Azaiez Institute between 2010 and 2024 .

Results: Our study included Seven cases diagnosed with breast melanoma. The patients were of female sexe aged between 37 and 43 years .Five patients presented with palpable breast nodules, while two were referred for cutaneous breast lesions identified by their physicians. All patients underwent core needle biopsy for diagnosis. Histological examination confirmed the diagnosis of breast melanoma in all cases. Immunohistochemical analysis showed consistent positivity for PS100 protein, Melan-A, and HMB45 in all tumors. Five patients underwent radical surgical treatment (mastectomy with axillary dissection), with no postoperative complications reported. The remaining two patients received tailored management according to their tumor profile. No initial metastatic disease was detected.

Conclusion/Implications: Although rare, breast melanoma should be considered in the differential diagnosis of atypical breast lesions, especially when immunohistochemical markers are suggestive. Early surgical intervention may provide favorable short-term outcomes. Given the rarity of this entity, multicenter data collection efforts are needed to better define optimal management strategies.

EP159 / #1061

Topic: AS06. *Tumor Types / AS06a. Breast Cancer*

EPIDEMIOLOGICAL PROFILE OF MICROINVASIVE DUCTAL CARCINOMA OF THE BREAST

Haykel Turki, Saida Sakhri, Olfa Jaidane, Hyem Khiari, Tarek Ben Dhiab, Maha Chrigui salah Azaiez Institute, Surgical Oncology, tunis, Tunisia

Introduction: Microinvasive ductal carcinoma (MIDC) is a rare form of breast cancer characterized by invasive foci ≤ 1 mm within a ductal carcinoma in situ (DCIS) background. This study aimed to describe the epidemiological and histopathological features of MIDC.

Methods: We conducted a retrospective study including 63 patients diagnosed with MIDC between 2001 and 2021. Data on demographics, clinical presentation, histological characteristics, and treatment modalities were collected and analyzed

Results: The mean age at diagnosis was 49.8 years. Most lesions were high-grade DCIS (G3) with comedonecrosis. The mean tumor size was 3.5 cm, and multifocal microinvasion was present in 22% of cases. Hormone receptor positivity was seen in 60% of tumors, while HER2 overexpression was observed in 30%. Sentinel lymph node biopsy revealed lymph node involvement in 3% of cases, mostly micrometastases

Conclusion/Implications: MIDC tends to occur in younger women and is frequently associated with aggressive DCIS features. Although rare, lymph node involvement supports the indication for sentinel node biopsy in selected cases. Early identification and tailored management are essential to improve outcomes

EP160 / #1071

Topic: AS06. Tumor Types / AS06a. Breast Cancer

RECURRENCE OF PURE DUCTAL CARCINOMA IN SITU (DCIS)

Haykel Turki, Saida Sakhri, Olfa Jaidane, Rayen Cherif, Tarek Ben Dhiab, [Maha Chrigui salah Azaiez](#) Institute, Surgical Oncology, tunis, Tunisia

Introduction: Pure ductal carcinoma in situ (DCIS) is a non-invasive breast neoplasm with a risk of local recurrence. This study aimed to assess the recurrence rate and associated risk factors in patients treated for pure DCIS.

Methods: We retrospectively analyzed 184 cases of DCIS diagnosed and treated between 2001 and 2021. Patients with microinvasive or invasive components were excluded. Clinical, histological, and treatment data were collected, and recurrence was documented.

Results: Among the 184 patients, 3 experienced a local recurrence (1.6%). all of these recurrences were DCIS. The median time to recurrence was 49 months. High nuclear grade, extensive lesions (>3 cm), comedonecrosis, and close surgical margins were associated with higher recurrence rates. Patients who did not receive radiotherapy or hormonal therapy had more frequent recurrences.

Conclusion/Implications: Pure DCIS carries a significant risk of recurrence, particularly in the presence of high-risk histological features. Adequate surgical excision and adjuvant therapies reduce recurrence. Individualized management based on histopathological risk factors is essential

EP161 / #1080

Topic: AS06. *Tumor Types / AS06a. Breast Cancer*

LYMPH NODE INVOLVEMENT IN PURE DUCTAL CARCINOMA IN SITU (DCIS)

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Introduction: Although pure DCIS is a non-invasive entity, lymph node evaluation through lymph node dissection (LND) is sometimes performed due to the risk of undetected microinvasion. This study investigated the incidence and relevance of lymph node involvement in pure DCIS.

Methods: In our retrospective cohort of 184 patients with DCIS (2001–2021), LND was performed in 152 patients with pure DCIS, especially in those with high-risk features (large size, high grade, or radiological suspicion). Pathological results of lymph nodes were analyzed.

Results: one lymph node involvement was identified in the 152 patients with pure DCIS who underwent LND (0,6%). These findings suggest that pure DCIS, even when extensive or high-grade, rarely presents with nodal metastasis.

Conclusion/Implications: Lymph node metastasis in pure DCIS is exceedingly rare. LND may be omitted in most cases of confirmed pure DCIS, helping to avoid unnecessary surgical procedures and associated morbidity.

EP162 / #916

Topic: AS06. *Tumor Types / AS06a. Breast Cancer*

CLINICAL AND BIOLOGICAL VARIATIONS OF BREAST CANCER ACROSS AGE GROUPS: EVIDENCE FROM A HIGH VOLUME SINGLE CENTER IN INDIA

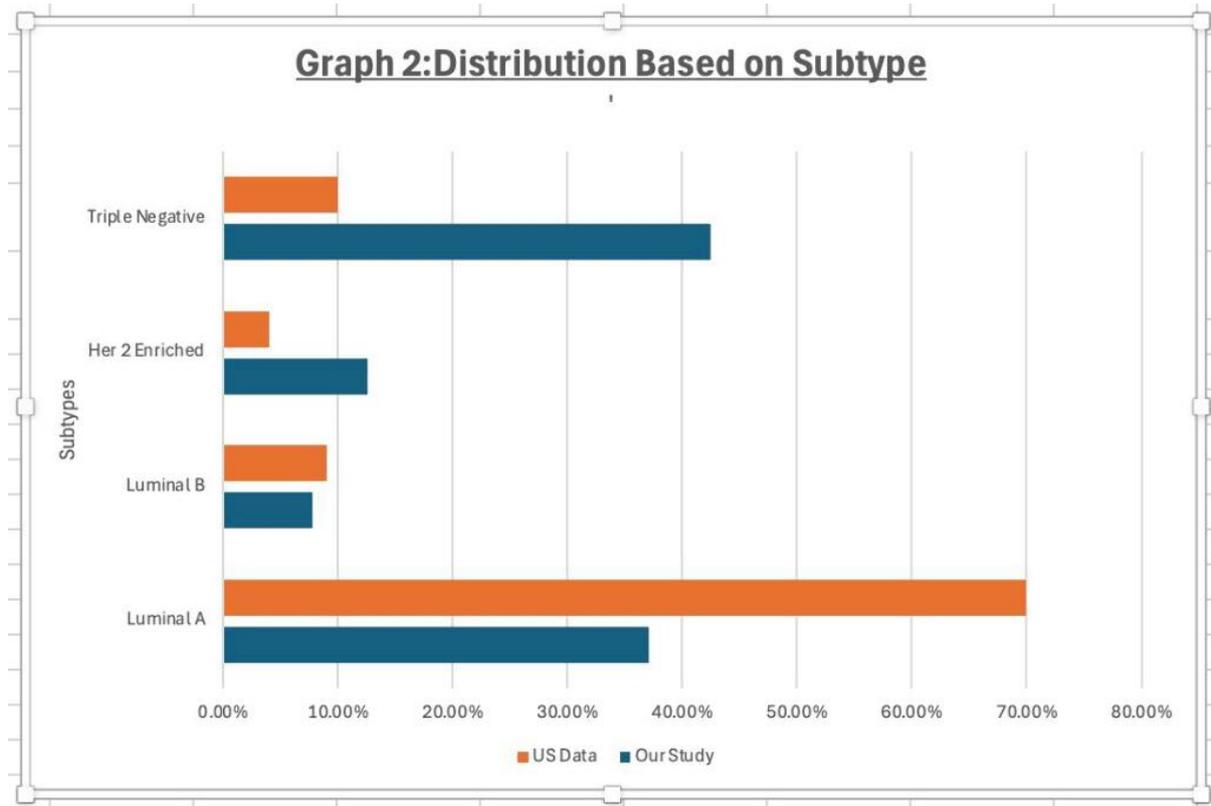
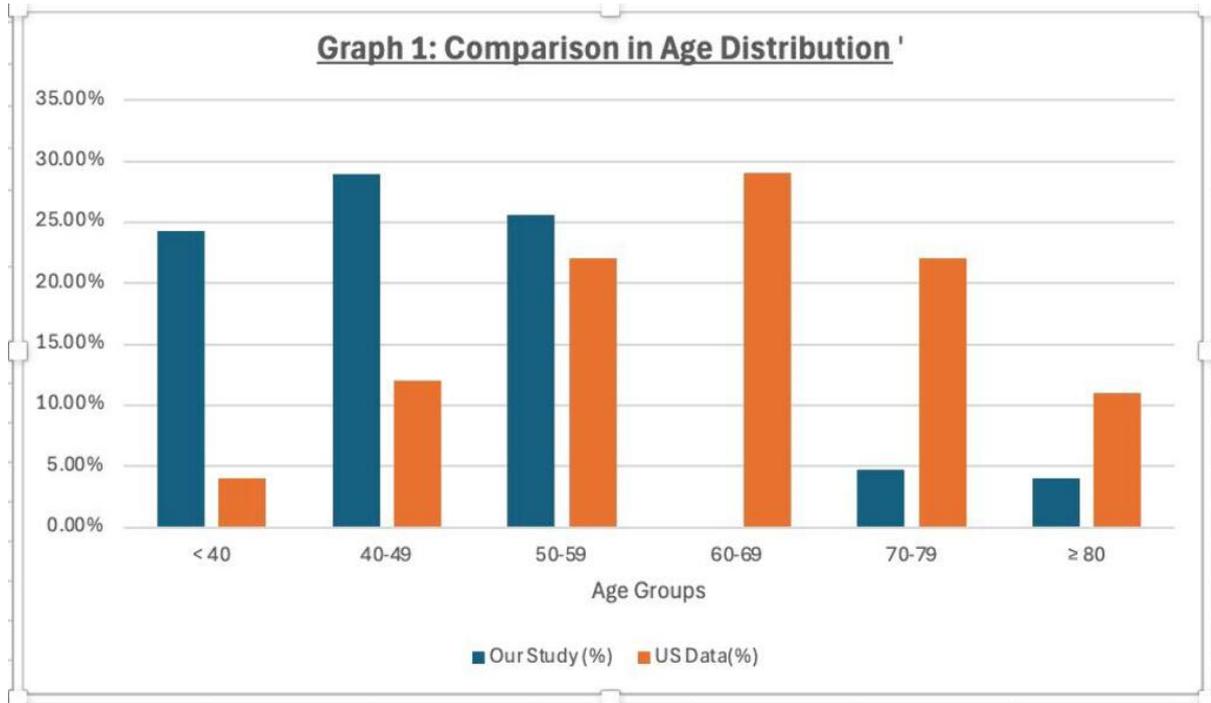
Shruthi Neela¹, Raju Kvv¹, Madhu Narayana Basode², Faisal Mujeeb¹

¹Sindhu Hospitals, Surgical Oncology, Hyderabad, India, ²Sindhu hospitals, Surgical Oncology, Hyderabad, India

Introduction: Breast cancer presents with variable clinical characteristics across age groups, influencing therapeutic decisions. This study evaluates **2057 breast cancer** patients on basis of the age of incidence, subtype of cancer and type of treatment received.

Methods: Patients with operable breast cancer were included from **2017 to 2022 from a single center in India**. Patients were stratified into seven age groups (20–29 to ≥80 years). Data on Demographic status, Type of Primary and axillary surgery and Molecular profiling were analysed.

Results: In this study, 53.2% of patients were under 50 years, with the highest incidence in the 40–49 age group (28.9%). NACT was given to 1506 patients (73.21%), of whom 883 (58.63%) were <50 years. Among <50 years, 390 (35.61%) had BCS and 705 (64.39%) underwent mastectomy. In ≥50 years, 229 (23.8%) had BCS and 733 (76.2%) had mastectomy. Triple-negative subtype(42.44%) was most common in younger age group, while HR+/HER2– (37.09%) was predominant in older patients. In <50 years, 793 (72.42%) had ALND and 302 (27.58%) had SLNB only. Among ≥50 years, 643 (66.22%) had ALND and 328 (33.78%) had SLNB only.



Conclusion/Implications: In our study, 53.2% of patients were under 50 years, compared to 16% in the U.S. HR-/HER2- (42.44%) was the most common subtype, unlike Western populations where HR+/HER2- (70%) predominates. Mammography remains suboptimal in younger patients due to low sensitivity in dense breasts, posing a challenge for early diagnosis.

EP162A / #595

Topic: AS06. Tumor Types / AS06a. Breast Cancer

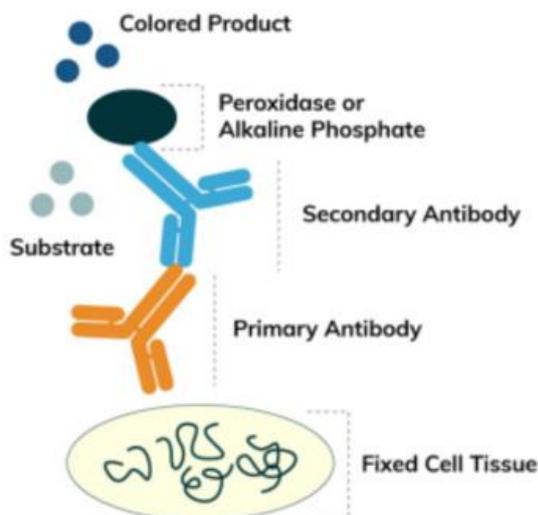
FINDING LIGHT IN DARC: DUFFY ANTIGEN/RECEPTOR FOR CHEMOKINES, A POTENTIAL BIOMARKER FOR TREATMENT OUTCOME AND DISEASE-FREE SURVIVAL IN TRIPLE NEGATIVE BREAST CANCER.

Joyeeta Talukdar¹, Vaidehi Jha², Piyush Ranjan³, Sandeep Mathur⁴, Tryambak Srivastava¹, Ruby Dhar¹, Subhradip karmakar¹

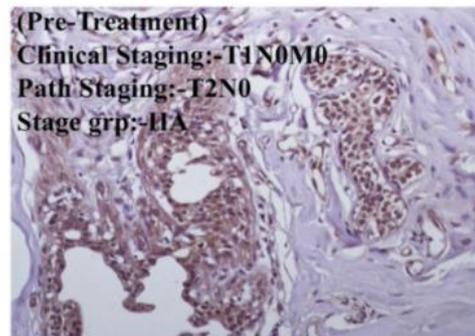
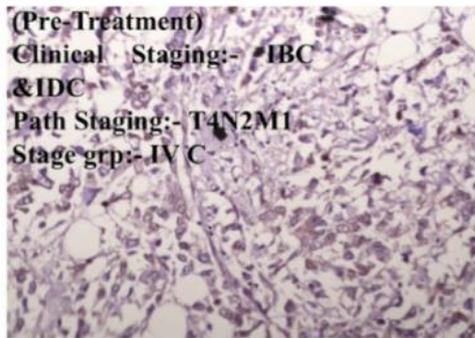
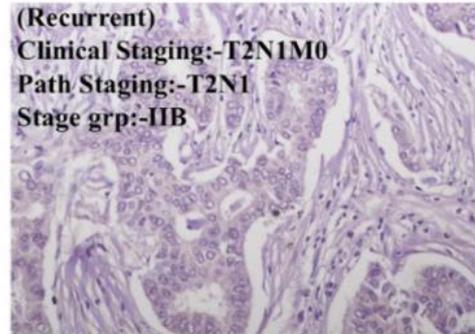
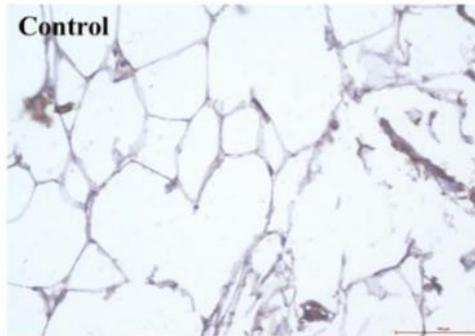
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Introduction: Triple-negative breast cancer (TNBC), characterised by the absence of estrogen receptor, progesterone receptor, and HER2 expression, exhibits a poor prognosis and severe aggressiveness. Duffy Antigen Receptor for Chemokines (DARC) is a decoy receptor that regulates the levels of chemokines in the tumor microenvironment, potentially playing a role in different cancers. The function of DARC in breast cancer is currently poorly understood, and further study is required to identify its possible importance in this disease. In this study, we examined the relationship between DARC expression in TNBC tumors and their prognoses.

Methods: A case-control study including non-pregnant, HIV-negative females aged 20-45 years with confirmed, treatment-naive TNBC was performed. Immunohistochemistry (IHC) was done for 3 primary and 1 near to normal breast tissue samples using primary antibody against DARC. The intensity of IHC staining was assessed using the H Score and correlated with clinical prognosis (TNM staging).



Results: The near-to-normal tissue (control) had a high expression of DARC. One patient (clinical TNM staging of T2N1M0) with low expression of DARC experienced recurrent cancer. Two samples (Staged T4N2M1 and T1N0M0) showed substantial expression of DARC and the patients responded better to treatment.



Conclusion/Implications: DARC-enriched tumors showed better outcomes with enhanced disease-free survival as compared to DARC-negative/ low expressive tumors. Hence, DARC can be used as a potential biomarker for TNBC. While the experimental design adequately validated our hypothesis, further studies on larger and more genetically diverse cohorts are needed to establish the role of DARC in TNBC, before it can be translated into clinical practice.

EP163 / #390**Topic:** AS06. Tumor Types / AS06b. Cervical Cancer**LONG TERM CONSEQUENCES OF CISPLATIN-ASSOCIATED ACUTE KIDNEY INJURY IN CERVICAL CANCER PATIENTS IN OMAN**Aref Zribi¹, Amal Abdallah Alhadj Abdallah¹, Ana Lopes², Ikram Burney²¹University Medical City, Sultan Qaboos Comprehensive Cancer Care And Research Center, Muscat, Oman, ²sqcccrc, Muscat, Oman**Introduction:** Acute kidney injury (AKI) is a well-known complication of cisplatin-based chemotherapy. We sought to determine the incidence and risk factors for developing cisplatin-associated AKI and its impact on long-term renal function**Methods:** Cervical cancer patients treated with cisplatin between March 2022 and December 2024 at SQCCCRC in Oman were included in the study. Renal function was monitored through creatinine, Serum potassium, magnesium, and eGFR values at baseline, end-of-treatment, and 3- and 6-months post-treatment. AKI stages and temporal decline in serum potassium and magnesium levels were also assessed**Results:** The study involved 38 patients with a mean age of 55.4 years, with common comorbidities like hypertension (37.8%) and diabetes (24.3%). The median injection dose was 71.2 mg, and the median cumulative dose was 301.0 mg. Kidney function shifted during the study: initially, 78.4% had normal function, decreasing to 70.3% by 6 months, with a rise in Stage 2 cases (27.0%). Statistically significant changes were observed in potassium levels, with a drop to 3.87 mmol/L ($p = 0.0004$) and a correlation between AKI stage and potassium change ($p = 0.0103$). Magnesium levels modestly decreased, showing a 7.13% drop by the end of treatment and -13.19% by 6 months. Risk factors like HTN, diabetes, and dosing schedules were insignificant ($p = 0.7038$).**Conclusion/Implications:** The analysis suggests that cisplatin treatment does not cause immediate severe kidney damage in most patients. However, a delayed nephrotoxic effect becomes more pronounced at 6 months post-treatment. Long-term monitoring of kidney function is crucial for patients receiving cisplatin chemotherapy.

EP164 / #1012**Topic:** AS06. *Tumor Types / AS06b. Cervical Cancer***EVALUATING THE FEASIBILITY OF NEOADJUVANT CHEMOTHERAPY PROTOCOL FOR CERVICAL CANCER: A PILOT STUDY IN LAGOS UNIVERSITY TEACHING HOSPITAL (LUTH), NIGERIA**

Bolanle Adegboyega^{1,2}, Victor Isibor², Nimotallahi Bello², Okezie Ibeleme², Raphael Ikem², Adedayo Joseph², Adewumi Alabi^{1,2}, Marisa Kollmeier³, Anuja Jhingran⁴

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Introduction: Cervical cancer remains a leading cause of cancer-related mortality in low and middle-income countries (LMICs), where limited access to radiotherapy worsens treatment outcomes. Neo-adjuvant chemotherapy (NACT) followed by concurrent chemoradiation therapy (CCRT) has been proposed as the standard of care for locally advanced cervical cancer. This pilot study evaluated the feasibility, effectiveness, and toxicity of NACT followed by CCRT and brachytherapy compared to CCRT and brachytherapy alone among patients with stage bulky disease in LUTH.

Methods: A two-arm randomized controlled trial was conducted with 12 patients equally allocated to a NACT arm (weekly paclitaxel-carboplatin for six cycles) pre CCRT+ brachytherapy and CCRT+ brachytherapy arm. Clinical outcomes assessed included tumor down staging, survival, and treatment-related toxicity. Results were analyzed using SPSS v25.0.

Results: The NACT cohort (n=6), comprising advanced-stage disease (IIIB–IVA), demonstrated higher toxicity rates, with 1 patient (16.7%) discontinuing chemotherapy before completing 6 cycles. Mortality in this group reached 50% (3/6 patients), occurring post-NACT, during external beam radiotherapy (EBRT) and post-EBRT. The rest 50% achieved complete tumor regression. In contrast, the non-NACT group (n=6), included stage IB3–IIIC1 reported 100% treatment completion. Complete regression was observed in 83.3% of these patients, while 1 patient (16.7%) with residual disease progressed within 6 months and died.

Conclusion/Implications: These findings suggest that NACT may serve as a critical, albeit high-stakes, treatment protocol for select patients with locally advanced tumors. However, its success hinges on rigorous patient selection and toxicity management and this study lays groundwork for larger well-powered studies in Sub-Saharan Africa.

EP165 / #773**Topic:** AS06. *Tumor Types* / AS06b. *Cervical Cancer***DOSIMETRY, TOXICITY, AND EARLY RESPONSE IN CERVICAL CANCER PATIENTS TREATED WITH ELECTRONIC BRACHYTHERAPY**Sheynaz Bassa, Krishanthavathie Pillay, Eugene Kale

University of Pretoria, Radiation Oncology, Pretoria, South Africa

Introduction: Electronic brachytherapy (eBT), which utilizes an X-ray source and intracavitary applicators, presents a promising alternative to isotope-based systems, especially in resource-limited settings. This study evaluated the dosimetric adequacy, acute toxicity, and early tumor response in cervical cancer patients treated with definitive radiotherapy using eBT.

Methods: This retrospective analysis included 194 women with cervical cancer treated with external beam radiotherapy (EBRT) and eBT at Steve Biko Academic Hospital. EBRT was delivered via conventional (79%) or hypofractionated (21%) regimens. Weekly cisplatin was administered to 70% of patients (median: 4 cycles). Key outcomes included the total EQD2 dose to the high-risk clinical target volume (PTV_BT), dose to the bladder and rectum (D2cc), acute toxicity at 6 weeks, and radiological response. Ideal organ-at-risk constraints were defined as <80 Gy for the bladder and <65 Gy for the rectum.

Results: The mean PTV_BT was 87.6 Gy (median 90.2 Gy), with 85.6% of patients achieving >85 Gy. Dose constraints were met in 91.3% of cases for the bladder and 76.3% for the rectum. Acute grade ≥ 2 gastrointestinal and genitourinary toxicities were observed in 3.6% and 6.6% of patients, respectively. At 6 weeks, 67.1% achieved a complete response, and 77.6% showed either a complete or partial response. Multivariable analysis demonstrated that PTV_BT >85 Gy was significantly associated with improved response (OR 15.0, 95% CI: 4.7–47.4, $p < 0.001$).

Conclusion/Implications: eBT-based definitive radiotherapy offers high tumor dosing, favourable early response, and low acute toxicity, supporting its use as an effective and feasible curative option in resource-constrained settings.

EP166 / #717

Topic: AS06. *Tumor Types* / AS06b. *Cervical Cancer*

COMPARISON OF GYNAECOLOGICAL CYTOLOGY AND HISTOLOGY IN WOMEN LIVING WITH AND WITHOUT HUMAN IMMUNODEFICIENCY VIRUS LESS THAN 31 YEARS OF AGE.

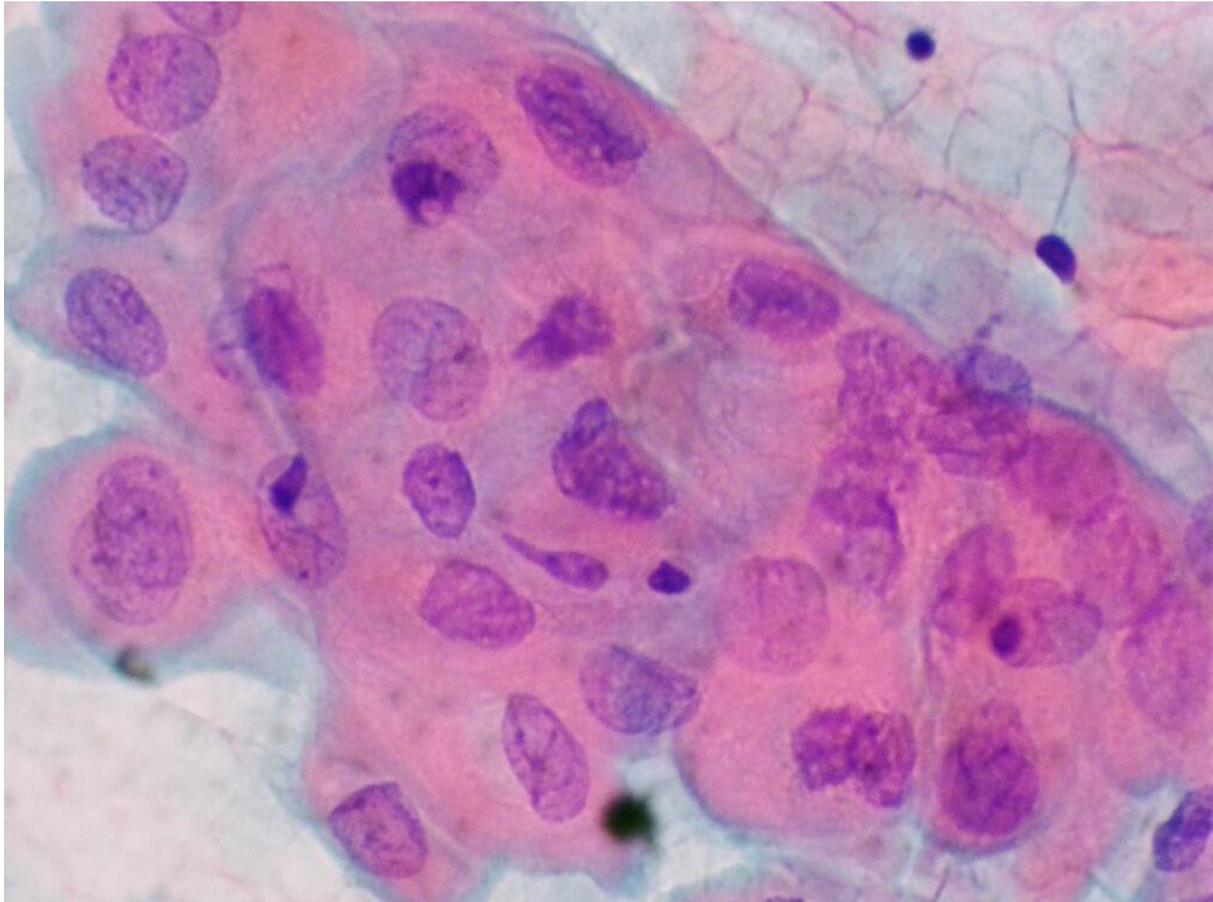
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Introduction: Cervical carcinoma is second most common carcinoma in women in South Africa according to CANSA. The risk factors for cervical carcinoma development are multifactorial with high risk- HPV infection contributing the majority of cervical carcinoma cases. The Western Cape Department of Health and WHO have introduced a free National HPV vaccine program offered to primary school girls in order to eradicate cervical carcinoma by the year 2030.

Methods: Aims: To determine the sensitivity and specificity of the cervical smear test when compared to the histopathology and the risk of malignancy between the two cohorts. Methods This is a retrospective laboratory based anatomical pathology review of both cytology and histopathology reports in women aged 18-31 between 2022 and 2023. Only women with known retroviral disease status and subsequent histopathology results after the initial cervical cytology screening were included in the study. The Bethesda system was used to report the gynaecological cytology reports.

Results:



63 women had both a Pap smear and histology · women living with/without HIV were 50 and 13 in number- respectively. In women without HIV Pap smear test showed the 2 ASCH cases were HSIL and the 5 HSIL on Pap test – 1 Normal· 1 LSIL · 3 HSIL. The Women living with HIV 31 HSIL on Pap test, 4 LSIL – 25 HSIL and 1 Squamous cell carcinoma.

Conclusion/Implications: Women living with HIV less than 31 years of age are at a higher risk of developing HPV associated precursor lesions and subsequent malignancies.

EP167 / #367

Topic: AS06. *Tumor Types* / AS06b. *Cervical Cancer*

FOCUSED SURGICAL INTENSIFICATION PROGRAMME: A STOPGAP STRATEGY FOR BRIDGING THE CERVICAL CANCER SURGICAL TREATMENT GAP IN WEST AFRICA

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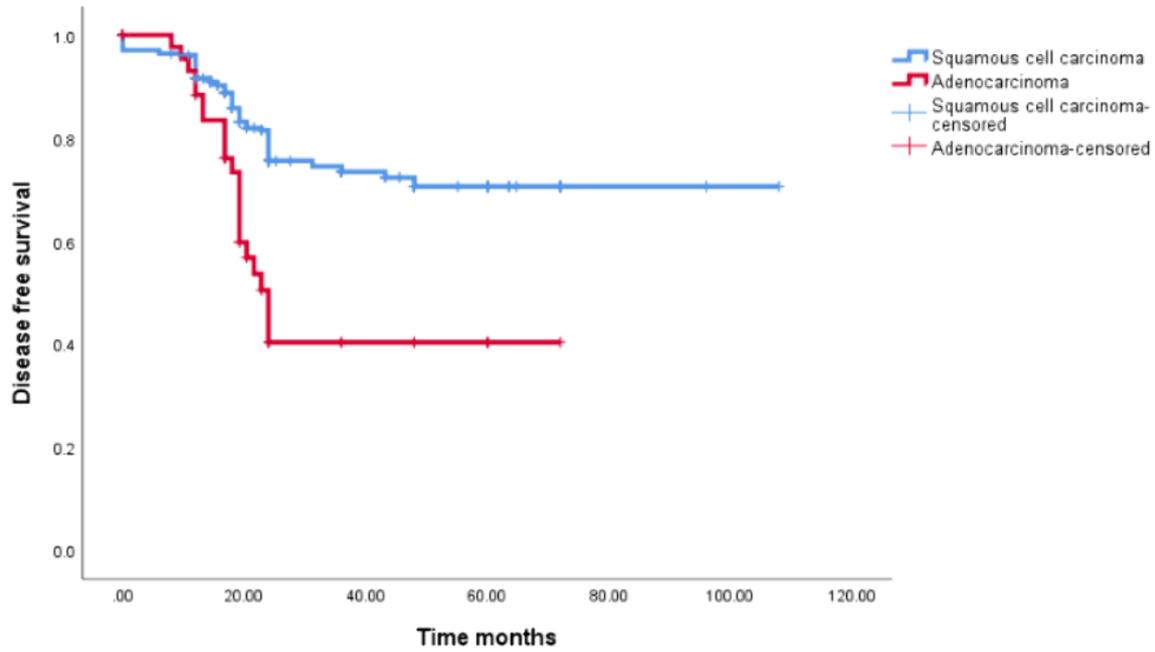
Introduction: Cervical cancer (CC) remains the leading cause of cancer-related mortality among women in sub-Saharan Africa.¹ As screening efforts expand under the WHO elimination strategy, the number of women diagnosed with surgically curable early-stage disease is expected to rise, further straining the already limited oncologic surgical capacity in W/Africa. Cost-effective innovative models are needed to immediately address this gap.

Methods: We reviewed the ‘Focused Surgical Intensification (FSI)’ training model, initially piloted in Bahamas, Zambia, and Malawi and further successfully implemented in the Democratic Republic of Congo by American gynaecologic oncologists.²⁻⁴ The programme’s methodology, structure, outcomes, and relevance to surgical capacity for CC in W/Africa were analysed to determine its regional applicability, alongside insights from Hicks et al. (2022).²

Results: FSI is a competency-based model that rapidly transfers skills for radical hysterectomy with pelvic lymphadenectomy. It involves pre-site e-learning, high volume on-site hands-on surgical mentoring (10 consecutive cases/week), and ongoing virtual mentorship.²⁻⁴ Trainees typically reach surgical competency within 6–8 procedures. By extrapolating this model, it is feasible for adaptation in W/Africa countries. Collaboration with experienced international gynae-oncologists remains key. Sustainable funding is essential to support training, logistics, mentorship and surgical infrastructure development.

Conclusion/Implications: FSI programme offers a time-efficient, contextually appropriate, and scalable strategy for improving access to CC oncological surgery in W/Africa. While formal comprehensive 2-3-year gynae-oncology fellowships evolves, FSI serves as a practical and immediate stopgap surgical capacity building training model to help meet WHO 2030 targets and reduce preventable deaths from surgically curable CC.

EP168 / #375**Topic:** AS06. *Tumor Types / AS06b. Cervical Cancer***CLINICOPATHOLOGICAL FEATURES AND OUTCOME OF SQUAMOUS CELL CARCINOMA AND ADENOCARCINOMA OF CERVICAL CANCER: A COMPARATIVE STUDY IN A TERTIARY CARE CENTER**Nasrin Hossain¹, Asma Siddique², Salma Parvin³, Shireen Perveen⁴¹National institute of Cancer Research and Hospital (NICRH), Gynaecological Oncology, DHAKA, Bangladesh, ²National institute of Cancer Research and Hospital (NICRH), Radiation Oncology, DHAKA, Bangladesh, ³NICRH, Gynaecological Oncology, Dhaka, Bangladesh, ⁴NICRH, Gynaecological Oncology, Dhaka, Bangladesh**Introduction:** Cervical cancer (CC) is a significant global health issue in low-resource settings. Aimed to compare the clinicopathological features and survival outcomes of squamous cell carcinoma (SCC) and adenocarcinoma (ADC) of cervical cancer.**Methods:** A retrospective study included 633 cervical cancer cases treated between 2014 and 2023 at the NICRH**Results:** Among the patients, 88% and 12% had SSC and ADC respectively. Mean ages were 49 and 46 years for SSC and ADC respectively ($p=0.009$). Both SCC and ADC cases were most commonly diagnosed at FIGO stage IIB and tumor grade II. Exophytic growth was slightly more frequent in SCC (57%) than in ADC (47.5%). Follow-up duration was significantly longer for SCC patients (63.34 months) compared to ADC (28.16 months) ($p=0.001$). Disease-free survival (DFS) was also significantly higher in SCC (2.98 years) versus ADC (1.78 years) ($p=0.001$). Kaplan-Meier analysis confirmed ADC's shorter DFS. Additionally, residual disease and recurrence were notably more common in ADC cases—28.4% and 50%, respectively—compared to SCC (9.1% and 5.7%) ($p=0.006$). Local recurrence occurred in 8.2% of ADC cases, with none reported in SCC ($p=0.001$). Multivariate analysis; stage III disease significantly increased the risk of progression compared to stage II (HR=2.174, $p=0.001$) in both groups.**Conclusion/Implications:** ADC was more aggressive, with shorter DFS, higher recurrence, and residual disease rates, requiring revised treatment protocols and closer post-treatment monitoring.



Outcome status following treatment (n=633)

| | Squamous cell carcinoma (n=559) | Adenocarcinoma(74) | P value |
|----------------------------------|---------------------------------|--------------------|---------|
| Residual disease | 9.1% | 28.4% | 0.006 |
| Recurrence | 5.7% | 50% | 0.001 |
| Local recurrence | 22.5% | 41.9% | 0.010 |
| Distal recurrence | 8.2% | 00% | 0.001 |
| Both local and distal recurrence | 3.2% | 8.1% | 0.014 |

EP169 / #578**Topic:** AS06. *Tumor Types / AS06b. Cervical Cancer***CADONILIMAB WITH NEOADJUVANT CHEMOTHERAPY FOLLOWED BY EXTRAFASCIAL HYSTERECTOMY FOR STAGE IB2 CERVICAL CANCER: AN OPEN-LABEL, MULTICENTER, SINGLE-ARM, PHASE 2 TRIAL**

Yingjie Hu, Kezhen Li, Jing Chen, Gang Chen, Chaoyang Sun, Jie Yang, Xingyuan Hu, Ding Ma

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Introduction: Standard treatment for early-stage cervical cancer was radical hysterectomy with sentinel lymph node (SLN) mapping or pelvic lymphadenectomy, linked to significant morbidity, reduced quality of life, and high surgical complexity. Recent trials (ConCerv, SHAPE) show conservative surgery is feasible in low-risk cases. The trial assesses extrafascial hysterectomy with pelvic lymph node dissection after neoadjuvant immunochemotherapy in FIGO 2018 stage IB2 cervical cancer.

Methods: This prospective, multicenter, single-arm phase II trial (NCT06289751) enrolled treatment-naïve patients with FIGO 2018 stage IB2 cervical carcinoma. Eligible patients had squamous cell carcinoma, adenocarcinoma (grades 1-2; Silva A/B), or adenosquamous carcinoma (grades 1-2). Participants received three 21-day cycles of neoadjuvant therapy of nab-paclitaxel, cisplatin and cadonilimab (bispecific PD-1/CTLA-4 inhibitor). Tumor response was assessed via contrast-enhanced pelvic MRI 2–4 weeks after completing neoadjuvant therapy. Patients with tumors ≤ 2 cm underwent cone biopsy; those meeting ConCerv criteria proceeded to extrafascial hysterectomy. Patients with tumors > 2 cm or not meeting ConCerv criteria underwent radical hysterectomy. The primary endpoint was the proportion of patients meeting ConCerv criteria.

Results: Seven of 50 planned patients enrolled from September 3 2024, to April 25 2025. Two completed treatment, met ConCerv criteria, and achieved radiographic and pathological complete responses. One had surgery after cycle 1 due to grade 3 facial neuritis, with pathology showing residual stromal invasion ≤ 5 mm. Six continue treatment. Grade 3–4 anemia was the predominant severe adverse event.

Conclusion/Implications: This trial explores de-escalation with neoadjuvant immunochemotherapy for less invasive surgery in IB2 cervical cancer. Early results are promising, but further data are needed for long-term efficacy and safety.

EP170 / #955**Topic:** AS06. Tumor Types / AS06b. Cervical Cancer**NEOADJUVANT CHEMOIMMUNOTHERAPY COMBINED WITH SURGERY VERSUS CONCURRENT CHEMORADIOTHERAPY IN LOCALLY ADVANCED CERVICAL CANCER: A MULTICENTER RANDOMIZED PHASE II/III TRIAL**

Yingjie Hu, Kezhen Li, Jing Chen, Gang Chen, Jie Yang, Chaoyang Sun, Xingyuan Hu, Ding Ma

Tongji Hospital, Tongji Medical College, Huazhong University of Science and Technology, Department Of Gynecological Oncology, Wuhan, China

Introduction: Locally advanced cervical cancer (LACC) remains a significant therapeutic challenge, with recurrence rates of 23.3–34.4% in standard concurrent chemoradiotherapy (CCRT). Neoadjuvant chemotherapy (NACT) followed by radical surgery yields comparable overall survival to CCRT but is limited by inferior disease-free survival and increased acute toxicity. Our prior phase II trial (NCT04516616) of PD-1 inhibitor-based neoadjuvant chemoimmunotherapy (NACI) in PD-L1-positive LACC demonstrated an objective response rate (ORR) of 97.7% and a pathological complete response rate of 37.7%. To further evaluate this approach, we initiated a randomized phase II/III trial (NCT06288373) comparing NACI followed by surgery to standard CCRT in PD-L1-positive LACC.

Methods: This trial enrolled patients with PD-L1-positive LACC (FIGO 2018 IB3/IIA2/IIB, tumor >4 cm). Phase II (n=144, non-inferiority design) assesses ORR (RECIST 1.1); Phase III (n=440, superiority design) evaluates 3-year progression-free survival. Patients undergo 1:1 randomization. In NACI arm, patients receive one cycle of priming chemotherapy (nab-paclitaxel 260 mg/m² and cisplatin 75–80 mg/m²), followed by two cycles of camrelizumab (200 mg) and chemotherapy. Non-responders cross over to CCRT, while responders proceed to radical surgery, with adjuvant therapy as NCCN guideline indicated. The CCRT arm receives radiotherapy with concurrent cisplatin.

Results: As of May 1 2025, 6 patients were enrolled (NACI=4, CCRT=2). Among them, 3 completed protocol-defined therapy (NACI=2, CCRT=1), all achieving an objective response.

Conclusion/Implications: This trial pioneers the integration of immune checkpoint inhibitors into neoadjuvant therapy for LACC, offering a direct comparison to standard CCRT. Early findings suggest that NACI is well-tolerated and exhibits promising antitumor activity. Continued patient enrollment and follow-up are crucial.

EP171 / #781

Topic: AS06. *Tumor Types* / AS06b. *Cervical Cancer*

UNHEALTHY INTIMATE RELATIONSHIP PROMOTES CERVICAL CANCER PROGRESSION VIA NEURAL PATHWAYS

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Introduction: Unhealthy intimate relationships, such as partner violence or sudden change, significantly impact women’s mental and physical health. Clinical studies show a strong link between emotional distress and gynecological cancer treatment efficacy. However, the biological mechanisms remain unclear. This study explores the relationship between unhealthy relationships and gynecological cancer progression, focusing on neural circuits and mechanisms using two innovative animal models.

Methods: Data from the UK Biobank were analyzed using R Studio and SPSS to identify correlations between unhealthy relationships, depression/stress, and cervical cancer. Two novel animal models were developed to simulate emotional distress in FVB mice with spontaneous cervical cancer: the Opposite Sexual Contraction and Isolation model and the Partner Violence model. Emotional distress was assessed using standard behavioral tests, including the Open Field Test, Elevated Plus Maze, and Tail Suspension Test. The impact on cancer progression was studied using chemical genetic tools, neural tracing, immunofluorescence, and single-cell RNA sequencing.

Results: Partner violence was strongly associated with cervical cancer. Over 50% of female mice in the emotional distress models exhibited accelerated tumor progression. Direct neural connections were identified between brain regions like medial septum, basolateral amygdala, and tumors. cFos expression differed significantly between distressed and non-distressed groups. Cholinergic neurons increased near cervical cancer, and single-cell RNA sequencing revealed higher expression of CHRM3 in tumor cells. Targeted activation of cholinergic neurons accelerated tumor progression.

Conclusion/Implications: Emotional distress caused by unhealthy partner relationships accelerates cervical cancer progression through neural circuits, emphasizing the need for targeted interventions in women’s healthcare.

EP172 / #618**Topic:** AS06. *Tumor Types* / AS06b. *Cervical Cancer***CLINICAL FEATURES AND TREATMENT OUTCOMES IN WOMEN WITH NEUROENDOCRINE CERVICAL CANCER: A SYSTEMATIC REVIEW**

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Introduction: Neuroendocrine tumors (NETs) of the cervix are rare, aggressive cancers comprising less than 2% of cervical malignancies. They are associated with early metastasis and poor prognosis. Due to their rarity, evidence guiding management is limited, and treatment often follows protocols for pulmonary NETs. This systematic review summarizes the clinical characteristics, treatment approaches, and outcomes of 10 female patients with neuroendocrine cervical cancer treated over the past seven years, aiming to contribute insights into this uncommon gynecologic malignancy.

Methods: A retrospective review was conducted on ten patients diagnosed with neuroendocrine cervical cancer from January 2019 to March 2025. Data included demographics, histology, FIGO stage, treatment, and outcomes. Only patients with confirmed histology and complete records were included. Descriptive analysis summarized clinical features and treatment outcomes.

Results: Ten patients with gynecologic neuroendocrine carcinomas, primarily small cell HPV-associated cervical tumors, were reviewed. The median age was 38 years. All tumors were high-grade (G3) with elevated Ki-67 and extensive mitotic activity. Management included two cycles of cisplatin-etoposide chemotherapy, followed by radiotherapy (EBRT and brachytherapy), then additional chemotherapy. Targeted therapies, such as bevacizumab or atezolizumab, were used in selected cases. MRI and PET imaging guided post-treatment evaluation. Eight patients (80%) achieved complete response. One experienced disease progression and died, while the remaining nine (90%) demonstrated sustained remission over a follow-up of up to seven years.

Conclusion/Implications: Neuroendocrine cervical cancer is a rare and aggressive malignancy. Despite its poor prognosis, early diagnosis combined with multimodal treatment, including chemotherapy and radiotherapy, can lead to meaningful clinical responses and improved outcomes.

EP173 / #38**Topic:** AS06. Tumor Types / AS06b. Cervical Cancer**EFFECT OF USING MCCARTNEY TUBE TO REDUCE TUMOR SPILLAGE DURING MINIMALLY INVASIVE RADICAL HYSTERECTOMY FOR CERVICAL CANCER**Seongmin Kim^{1,2}, Jae Yun Song²¹73 Goryeodae-ro, Seongbuk-gu, Seoul 02841, Korea, Seoul, Korea, Republic of, ²Korea University Medicine, Seoul, Korea, Republic of

Introduction: Radical hysterectomy is a cornerstone treatment for early-stage cervical cancer. Tumor containment has gained attention as an essential factor to minimize intraoperative tumor spillage in minimally invasive radical hysterectomy (MIRH). This study investigates whether the use of the McCartney tube during MIRH can effectively reduce tumor spillage.

Methods: This retrospective study reviewed medical records of FIGO 2018 stage IA1–IIA2 cervical cancer patients who underwent radical hysterectomy at a single institution from 2014 to 2022.

Results: The 2-year Disease-Free Survival (DFS) rates were comparable between the ARH and MIRH groups (94.3% vs. 91.2%, $p=0.578$), as were the 5-year Overall Survival (OS) rates (97.1% vs. 93.9%, $p=0.532$). Univariate analysis for recurrence identified tumor size >2 cm as a significant factor (HR=0.29, CI: 0.094–0.903, $p=0.033$). The MIRH group was further subdivided based on McCartney tube usage into MIRH-Y ($n=77$) and MIRH-N ($n=104$). Although the 2-year DFS rates showed no statistical significance, a trend favoring the MIRH-Y group was observed (96.1% vs. 87.5%, $p=0.060$). A similar trend was noted for the 5-year OS rates (98.7% vs. 90.4%, $p=0.051$). In patients with tumors ≤ 2 cm, DFS was significantly improved in the MIRH-Y subgroup ($p=0.037$), while OS showed a trend favoring the MIRH-Y group without showing statistical significance ($p=0.080$).

Conclusion/Implications: The use of the McCartney tube during MIRH in cervical cancer may help reduce recurrence due to tumor spillage, with a particularly pronounced benefit in patients with tumors ≤ 2 cm. Efforts to minimize tumor spillage should be routinely implemented when performing MIRH.

EP174 / #879**Topic:** AS06. Tumor Types / AS06b. Cervical Cancer**CLINICAL OUTCOMES, HPV18 ASSOCIATION, AND METASTATIC PATTERNS OF GYNECOLOGIC NEUROENDOCRINE CARCINOMAS**Yoo-Na Kim, Eun Hye Choi, Yong Jae Lee, Jung-Yun Lee, Sunghoon Kim, Sang Wun Kim, Young Tae Kim, Eun Ji Nam

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Introduction: Gynecologic neuroendocrine carcinomas (NECs) are rare malignancies associated with poor prognosis. We characterized the clinical outcomes, HPV associations, and metastatic patterns in patients with gynecologic NECs.**Methods:** Patients diagnosed with gynecologic NEC between 2010 and 2025 were retrospectively reviewed for demographic and clinical characteristics, including age, HPV genotype, tumor markers, stage, treatment, and survival.**Results:** A total of 43 patients were identified, including cervical (n=34), endometrial (n=5), and ovarian (n=4) cancers. Median age was 42 years. Cervical cancer patients had a wide age range, with 55.8% under 40 years old. Among those with known HPV status (n=24), 83.3% had HPV18 infection. SCC was not elevated in any of the 24 patients tested; CA125 was elevated (>35 U/mL) in 48.8% (21/43). Median OS was 34 months for cervical, not reached for endometrial, and 10 months for ovarian cancers. Cervical cancers presented at stages IA1 (n=2), IB1 (n=9), IB2 (n=4), II (n=6), III (n=5), and IV (n=7). Most cervical patients received surgery (67.6%), with adjuvant RTx and CTx in 38.2% and 94.1%, respectively. Patients with initially resectable cervical disease had poor OS (29 months), comparable to advanced or metastatic disease (21 months). Among resectable cases (n=15), metastasis occurred in brain (33.3%), lung (53.3%), and liver (26.7%). Patient-derived organoids were established from 5 patients for future analyses.**Conclusion/Implications:** Gynecological NECs are heterogeneous, most frequently presenting as cervical cancers associated with HPV18. Despite intensive adjuvant therapy, patients with early stage disease show poor survival and frequent solid-organ metastases, including brain involvement.

EP175 / #402

Topic: AS06. *Tumor Types* / AS06b. *Cervical Cancer*

CELL TYPE-SPECIFIC COMPARISON OF NEUROENDOCRINE CARCINOMA OF THE UTERINE CERVIX: LARGE CELL TYPE VERSUS SMALL CELL TYPE

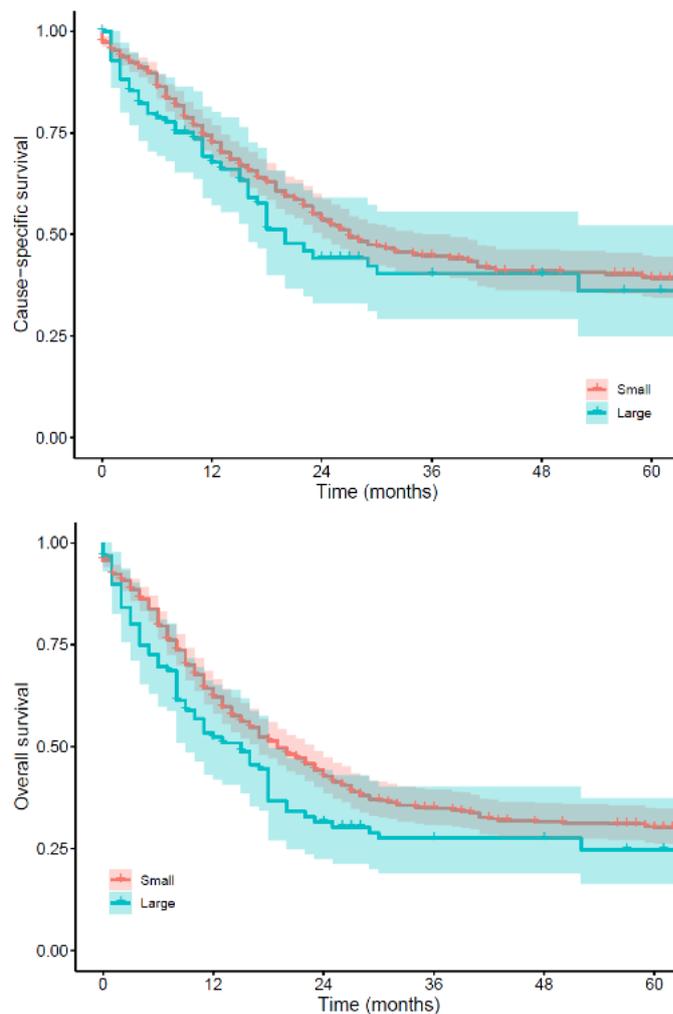
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Introduction: While neuroendocrine carcinoma of the cervix includes large cell neuroendocrine carcinoma (LCNEC) and small cell neuroendocrine carcinoma (SCNEC), the distinctions between these two types remain poorly characterized. The objective of this study was to compare clinico-pathological characteristics and oncologic outcomes between LCNEC and SCNEC.

Methods: This retrospective study queried the National Cancer Institute's Surveillance, Epidemiology, and End Results Program. The study population included 618 patients with a diagnosis of neuroendocrine carcinoma of the cervix from 2004-2022. All patients had histopathological diagnostic confirmation. Exposure was cell type, grouped into LCNEC or SCNEC. Co-outcome measures were cause-specific survival and overall survival, assessed with propensity score inverse probability of treatment weighting.

Results:



LCNEC was reported in 85 (13.8%) patients and SCNEC was reported in 533 (86.2%) patients. Median age was similar (LCNEC vs SCNEC, 46 vs 49 years, $P=.311$). Median tumor size was smaller for the LCNEC group compared to the SCNEC group (46 vs 60 mm, $P=.014$). The LCNEC group was more likely to be stage I (28.2% or 20.5%) or stage IV (45.9% vs 38.5%) disease but less likely to be stage III (17.6% vs 31.0%) disease ($P=.023$) compared to the SCNEC group. Cause-specific survival (5-year rates, 36.1% vs 39.1%, hazard ratio 1.25, 95% confidence interval 0.88-1.76, $P=.210$) and overall survival (5-year rates, 24.7% vs 30.2%, hazard ratio 1.30, 95% confidence interval 0.97-1.75, $P=.074$) were similar between the LCNEC and SCNEC groups.

Conclusion/Implications: In this cohort study, LCNEC had distinct tumor characteristics compared to SCNEC; both cell types had comparable survival.

EP176 / #950

Topic: AS06. Tumor Types / AS06b. Cervical Cancer

NEOADJUVANT CHEMOTHERAPY PLUS CADONILIMAB FOLLOWED BY FERTILITY-SPARING SURGERY IN YOUNG PATIENTS WITH CERVICAL CANCER: A PHASE II STUDY

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Introduction: We conducted this study to evaluate the efficacy and safety of neoadjuvant chemo + Cadonilimab (Ak104, a PD-L1 and CTLA4 inhibitor) in CC patients (IB2/IB3) who required fertility preservation.

Methods: In this single-arm, phase 2 trial in China, we enrolled IB2-IB3 CC patients aged 18-45. Imaging showed no metastasis. Six cycles of weekly chemotherapy (Nab paclitaxel 125mg/m² plus Carboplatin AUC=2 intravenously) and two cycles of AK104 on day 1 and d22 (10 mg/kg) were offered. Patients with response proceeded to fertility-sparing surgery . This study is registered with ClinicalTrials.gov, NCT06209294, and is ongoing.

Results: Between Sep.2023 and Apr.2025, 8 pts were enrolled. One withdrew after 1 cycle of immune-chemotherapy. 7 completed treatment and underwent abdominal radical trachelectomy (ART). 6 preserved fertility (one failed due to insufficient upper margin). pCR rate was 83.3% (5/6). The patient failed to preserve fertility and the one failed to achieve pCR were both with adenocarcinoma. No further treatment was offered if pCR achieved. Table1. Characteristics of 6 patients who preserved fertility

| | |
|----------------|--|
| Age | 34 years (mean) |
| Histopathology | 1 adenocarcinoma 5 squamous |
| FIGO staging | 1 IB3 5 IB2 |
| Common TEAEs | neutropenia (57.1%) alanine aminotransferase increased (71.4%) |
| Follow up | 9.1 months (mean) no one recurred |

Conclusion/Implications: AK104 and nab-paclitaxel/carboplatin followed by fertility preserving surgery achieved 100% pCR in IB2-IB3 cervical cancer patients with squamous cell carcinoma. This was the first attempt to explore AK104 (PD-1 and CTLA4 bi-antibody) combined with chemotherapy in the setting of fertility-sparing treatment in cervical cancer. The treatment option has shown a strong potential for tumor regression with a tolerable safety profile.

EP177 / #540**Topic:** *AS06. Tumor Types / AS06b. Cervical Cancer***TRANSITIONING FROM TRADITIONAL PAP SMEAR TO LIQUID-BASED CYTOLOGY SCREENING BETWEEN 2018 AND 2020 IN SOUTH AFRICA.**Manala Makua

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Introduction: South Africa has implemented conventional screening (PaP Smear) for over three decades as a gold standard for cervical cancer screening. In 2017 Cervical Cancer Prevention and Control policy recommended progressive transitioning to newer screening methodologies. In 2018, seven of nine provinces transitioned from traditional Pap to Liquid-based cytology screening in preparation for HPV screening by 2025. The purpose of this study was to assess lessons learnt in implementing Liquid-based cytology in South Africa.

Methods: Methodology: The implementation science approach was used to review the country's readiness to transition to Liquid-based Cytology. Feasibility included health care providers skills, laboratory, consumables for specimen collection, equipment for vaginal examinations, systems to communicate test results and referral pathways to link women with abnormal smear results to treatment.

Results: Patient factors were intrinsic motivation to request or demand cervical cancer screening services .. Health systems factors: consumables, infrastructure, and equipment were prohibitive factors. Health care providers' lack of skills in conducting cervical cancer screening. Transitioning to Liquid-based cytology did not improve the overall routine screening coverage; however, there was a significant improvement in abnormal smear detection rates determined by odds ratios(Figure 1). There was an overall increase of 5-10% in the cost of transitioning from CC to LBC.

Conclusion/Implications: The cytology(LBC) screening will continue to have relevance in the routine screening program of the country based on the effectiveness in detecting the abnormal epithelial lesions however screen and treat approach is recommended to manage all the pre cancerous cases identified.

EP178 / #616**Topic:** AS06. Tumor Types / AS06b. Cervical Cancer**LONG-TERM DISABILITIES AMONG CERVICAL CANCER SURVIVORS: A SYSTEMATIC REVIEW OF LITERATURE.**

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Introduction: Objective: To systematically review the literature to identify the occurrence and severity of long-term disabilities affecting cervical cancer survivors.

Methods: Method: This systematic review, registered in PROSPERO (CRD42018092231) and conducted according to PRISMA guidelines. A comprehensive search was performed across six databases (2000–2024). Randomized and non-randomized studies were included if they reported disabilities post-treatment (≥ 6 months), classified per the WHO's ICF framework. Two independent reviewers screened studies and extracted data, with consensus resolution by a third. Risk of bias was assessed using ROB2 and ROBINS-I.

Results: From 1,067 records, 30 studies met eligibility criteria, including 24 prospective and 6 retrospective studies, totaling 15,077 women with localized cervical cancer. Most participants were classified as FIGO IIB and aged 21–91 years. Treatments included radiotherapy (teletherapy and brachytherapy), chemotherapy, chemoradiation, and surgery. Sexual, urinary, and defecatory dysfunctions were the most frequently reported disabilities, assessed using instruments like EORTC 30 and CX 24, CTACE, Clavien-Dindo, FSFI, etc.. Fatigue, neuropathy, cardiovascular effects, and quality of life were also evaluated. Ten studies were linked to the EMBRACE cohort. Most studies were multicenter and published in oncology journals. Risk of bias was predominantly moderate, assessed using ROBINS-I and ROB2 tools across seven methodological domains.

Conclusion/Implications: Conclusion: Sexual, urinary, and defecatory dysfunctions were the most prevalent long-term disabilities, along with quality-of-life impacts and limitations in daily living activities, highlighting the need for patient-centered care and further research to expand knowledge and improve survivorship outcomes after treatment.

EP179 / #622**Topic:** AS06. *Tumor Types / AS06b. Cervical Cancer***URINARY, BOWEL, AND SEXUAL FUNCTIONS IN WOMEN FOLLOWING CHEMORADIATION AND/OR SURGERY FOR CERVICAL CANCER**Luciana Mesquita¹, Glaucia Pereira², Aginaldo Filho³, Elyonara De Figueiredo¹¹Minas Gerais Federal University, Postgraduate Program In Women's Health, Medical School, BELO HORIZONTE, Brazil, ²UNICAMP, College Of Medical Sciences, CAMPINAS, Brazil, ³Minas Gerais Federal University, Obstetrics And Gynecology, BELO HORIZONTE, Brazil**Introduction:** Objective:

To evaluate the prevalence and severity of pelvic floor dysfunctions (PFDs) in women treated for cervical cancer and their impact on quality of life.

Methods:

A total of 91 women undergoing surgical and/or chemoradiation treatment for cervical cancer (case group) and 95 women attending routine gynecological care (control group) were enrolled. Urinary incontinence was assessed using the International Consultation on Incontinence Questionnaire - Short Form (ICIQ-SF); anal incontinence via the Wexner Scale; constipation by Rome III criteria; and sexual function by the Valadares Scale. Quality of life was evaluated using the EORTC QLQ-C30 and CX-24 for the case group, and the SF-36 for controls. Categorical variables were compared using Chi-square tests, while differences between treatment modalities were analyzed using the Kruskal-Wallis test. Statistical significance was set at $p < 0.05$.

Results:

Women in the case group had significantly higher prevalence and severity of urinary incontinence ($p < 0.001$), anal incontinence ($p = 0.029$), and sexual dysfunction ($p = 0.010$) than controls. They also reported significantly worse quality of life across physical ($p < 0.001$), functional ($p < 0.001$), emotional ($p = 0.017$), fatigue ($p = 0.008$), pain ($p = 0.013$), and sexual function ($p = 0.039$) domains.

Conclusion/Implications: Conclusion:

Treatment for cervical cancer is associated with increased pelvic floor dysfunctions, particularly urge urinary incontinence, anal incontinence, and sexual dysfunction, with varying severity depending on treatment type. These conditions substantially impair quality of life, underscoring the need for early diagnosis and management of PFDs in this population.

EP180 / #905**Topic:** AS06. *Tumor Types / AS06b. Cervical Cancer***INVESTIGATING THE EFFECT OF A SMALL MOLECULE INHIBITOR OF NUCLEAR IMPORT ON CANCER CELLS USING A PROTEOMICS-BASED APPROACH**Danielle Naicker¹, Virna Leaner², Pauline Van Der Watt³, Tariq Ganief⁴

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Introduction: Cervical cancer remains a major health burden, particularly in low- and middle-income countries. Dysregulation of nuclear transport proteins, including Karyopherin β 1 (Kpn β 1), has been implicated in tumor progression due to their role in transporting oncogenic transcription factors, amongst other functions. INI-43, a novel small molecule inhibitor of Kpn β 1-mediated nuclear import, has shown promising anti-cancer effects. However, its cellular targets and mechanism of action require further investigation. This study aims to evaluate the binding of INI-43 to Kpn β 1 and related nuclear transport proteins in cervical cancer cells, identify potential off-target interactions, and determine the broader proteomic changes induced by INI-43 treatment.

Methods: Cervical cancer cell lines (HeLa, SiHa, ME180) and a non-cancerous epithelial line (ARPE-19) were used. The cellular uptake of INI-43 was assessed via fluorescence microscopy. To validate drug-target interactions, the Cellular Thermal Shift Assay (CETSA) coupled with Western blotting was employed to assess intracellular thermal stabilization of Kpn β 1. Additional target binding will be explored through Thermal Proteome Profiling (TPP), a mass spectrometry-based CETSA.

Results: INI-43 has been shown to be efficiently taken up by cervical cancer cells within 3 hours. Western-Blot CETSA confirmed that INI-43 binds to Kpn β 1 in intact cells, stabilizing it across a defined temperature range. In addition, WB-CETSA has also showed that importazole, a previously described inhibitor of Kpn β 1 stabilizes the protein.

Conclusion/Implications: Understanding INI-43's binding specificity is essential to confirm its therapeutic potential and minimize off-target toxicity. This study addresses that gap using proteomics-based methods to evaluate both target engagement and broader protein interactions.

EP181 / #796**Topic:** AS06. Tumor Types / AS06b. Cervical Cancer**IMPROVED CERVICAL CANCER SURVIVAL AFTER INITIATING THE INTERNATIONAL GYNECOLOGIC CANCER SOCIETY (IGCS) GYNECOLOGIC ONCOLOGY FELLOWSHIP PROGRAM IN DANANG, VIETNAM**

Ngoc Phan¹, Trang Vo¹, Dung Nguyen¹, Quynh Tran¹, Quy Tran¹, Truong Vu², Joseph Ng³, Tri Dinh⁴, Linda Vanle⁵

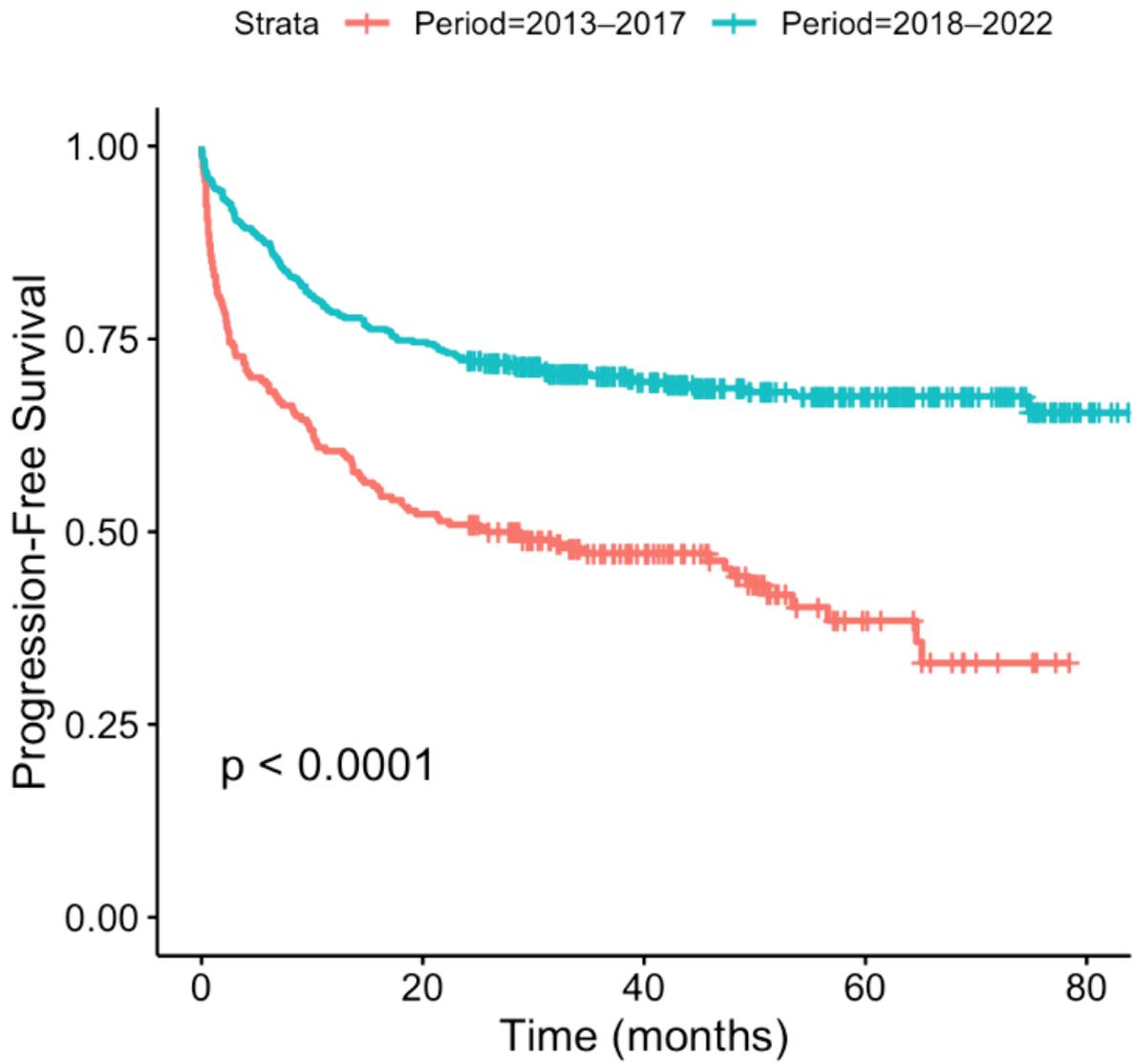
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Introduction: Cervical cancer remains a major global health challenge, with disparities in outcomes linked to access to specialized oncologic care. Gynecologic Oncology fellowship programs aim to standardize advanced training however, their direct impact on patient survival remains understudied. This study evaluates changes in treatment patterns and survival outcomes before and after implementing the IGCS Gynecologic Oncology Fellowship Program at Danang Oncology Hospital in 2017.

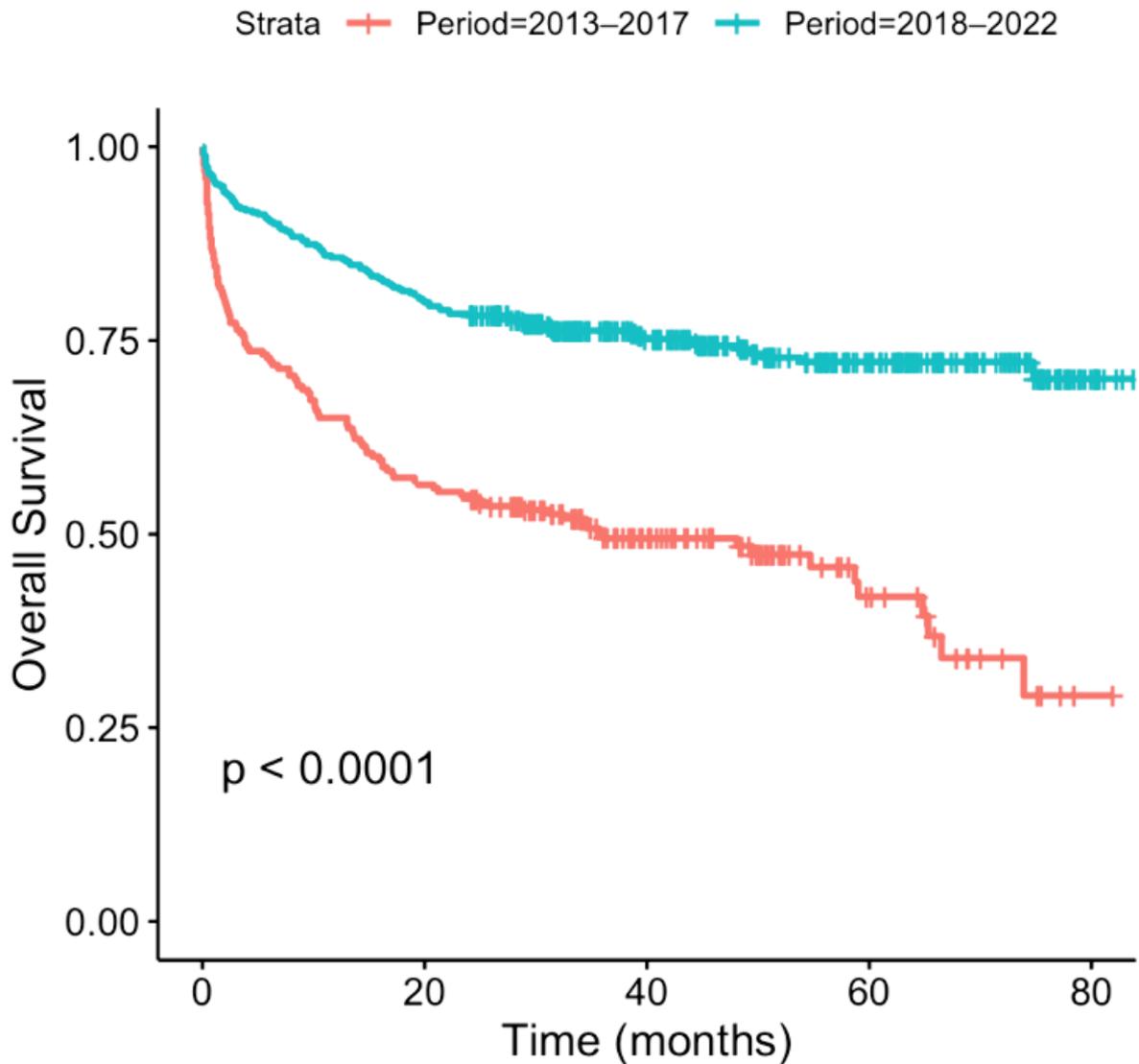
Methods: A retrospective cohort study compared cervical cancer patients treated during two 5-year periods: pre-fellowship (2013-2017) and post-fellowship (2018-2022), follow-up two years for each period. The pre-fellowship and post-fellowship cohorts included 220 patients and 413 patients, respectively, and were matched by stage. Information regarding patient demographics, cancer stage, treatment, and survival was collected. Statistical analyses used chi-square, t-tests, and Kaplan-Meier survival analysis to compare pre- and post-fellowship outcomes.

Results: Patients in the Pre-fellowship cohort were significantly older at diagnosis (67.6 ± 13.8 vs. 59.0 ± 12.7 years, $p < 0.05$), and larger patients had IVB-stage disease (35.5% vs. 17.9%, $p < 0.05$). After initiation of fellowship, treatment paradigms shifted markedly, with increased use of concurrent chemoradiotherapy (65.6% vs 36.8%, $p < 0.05$) and decreased palliative approaches (8.4% vs. 18.7%, $p < 0.05$). Median PFS and OS in the pre-fellowship cohort were 25.8 and 36.1 months, respectively, while post-fellowship outcomes were significantly superior, with medians not yet reached ($\chi^2=45.3$, $p < 0.05$).

Kaplan-Meier: PFS by Period



Kaplan-Meier: OS by Period



Conclusion/Implications: The study demonstrates significant improvements in staging, treatment, and survival outcomes, likely driven by implementing the IGCS Fellowship Program. The findings strongly support the continued integration of education initiatives in clinical practice to sustain these advancements in low-middle-income countries.

EP182 / #904**Topic:** AS06. *Tumor Types / AS06b. Cervical Cancer***TARGETING PROTEINS INVOLVED IN NUCLEAR-CYTOPLASMIC TRAFFICKING AS AN ANTICANCER STRATEGY FOR CERVICAL CANCERS.**

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Introduction: Proteogenomic technologies have enabled the discovery of multiple genes and pathways essential for cancer cell survival including Karyopherin proteins which mediate nuclear-cytoplasmic trafficking. A small molecule, INI-43, has been identified as a lead compound targeting nuclear import via KpnB1, found to be required for cancer cell survival. We propose exploring the structure-activity relationship (SAR) of INI-43 and generate derivatives to enhance its killing efficacy and specificity.

Methods: Precursors compounds (Quinoxaline and Benzimidazol-based) and a derivative of INI-43, Compound A, were synthesized to evaluate their therapeutic activity in relation to their structure. *In silico* modelling was used to evaluate molecular interactions between KPNB1 and these compounds. The impact of these structural modifications was tested using cervical cancer and non-cancer cell lines and determining effects on cell viability and proliferation using MTT assays and their ability to form colonies using cell colony assays.

Results: Bioinformatic approaches showed that INI-43, its precursors and the derivative, were found to exhibit comparable binding affinities with KPNB1. The quinoxaline component of INI-43 was found to hold cytotoxicity but does not retain the full inhibitory activity of INI-43. Compound A demonstrated comparable anticancer effects to INI-43 but required higher concentrations, indicating the need for further chemical optimization to enhance potency.

Conclusion/Implications: The study highlights the significance of molecular structure in the biological activity of cytotoxic compounds. While INI-43 remains a promising therapeutic lead, further SAR-guided modifications are warranted to enhance its

efficacy. These findings support the continued development of KPNB1-targeting agents as potential treatments for cervical cancer.

EP183 / #942**Topic:** AS06. Tumor Types / AS06b. Cervical Cancer**ONCOLOGICAL IMPACT OF EMBOLIZATION OF PELVIC VESSELS IN PATIENTS WITH LOCALLY ADVANCED CERVICAL CANCER IN INSTITUTO NACIONAL DE CANCEROLOGIA- COLOMBIA. A PROPENSITY SCORE-WEIGHTED ANALYSIS**Jonathan Peralta¹, Juliana Rodriguez², Lina Caicedo³, David Viveros-Carreño⁴, Santiago Vieira-Serna⁵, Marcela Núñez Lemus⁶, René Pareja⁷

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Introduction: The standard treatment for locally advanced cervical cancer (FIGO 2018 stages IB3–IVA) is concurrent chemoradiation. One of the most common symptoms prior to treatment is bleeding, which occasionally requires pelvic vessel embolization. This study aims to assess the oncologic impact of pre-treatment pelvic vessel embolization in a cohort of patients undergoing standard therapy.

Methods: We conducted a retrospective analytical cohort study at a single center, including patients with locally advanced cervical cancer treated with curative-intent concurrent chemoradiation. Patients who underwent pelvic vessel embolization were compared to those who did not. Outcomes assessed included overall survival (OS) and disease-free survival (DFS), analyzed using propensity score weighting with inverse probability of treatment weighting (PS-IPTW).

Results: A total of 344 patients were included, of whom 29 (8.43%) underwent pelvic vessel embolization prior to standard treatment. PS-IPTW-adjusted survival analysis showed worse outcomes for embolized patients compared to non-embolized patients (HR = 2.60, 95% CI: 1.20–5.64; $p < 0.05$; Figure 2B, Table 2), with a median overall survival of 28.9 months (95% CI: 25.4– ∞) in the embolized group. In contrast, the median survival in the non-embolized group was not estimable. No statistically significant difference in DFS was found between the two groups after PS-IPTW adjustment (HR = 2.05, 95% CI: 0.91–4.59; $p > 0.05$; Table 2).

Conclusion/Implications: Patients with cervical cancer who underwent pelvic vessel embolization prior to concurrent chemoradiation had worse overall survival outcomes compared to those who did not, based on findings from this cohort.

EP184 / #815

Topic: AS06. *Tumor Types* / AS06b. *Cervical Cancer*

INFORMATION NEEDS AND SATISFACTION AMONG PATIENTS WITH CERVICAL CANCER ON FOLLOW-UP CARE AT A TERTIARY FACILITY IN WESTERN KENYA

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Introduction: Access to reliable health information is vital for cervical cancer care, particularly in LMICs like Kenya where health system limitations, stigma, and socioeconomic challenges may hinder patient engagement, the need for clear, reliable, and culturally sensitive information is even more critical. Patients rely on various sources—healthcare providers, media, and peers—with varying satisfaction. For many women, the availability and quality of information can directly influence their understanding of the disease, treatment decisions, emotional wellbeing, and ultimately, health outcomes. This study explores preferred sources of information and satisfaction levels among cervical cancer patients on follow-up at a tertiary care facility in Kenya.

Methods: : Prospective cross-sectional study, 138 patients were enrolled into the study. The European Organization for Research and Treatment of Cancer QLQ-INFO25 questionnaire was used to assess information given. Another questionnaire was included to assess sources of information for the study participants and their socio-demographic characteristics. Clinical factors were abstracted from medical charts.

Results: A linear regression was fitted to estimate association of clinical and socio-demographic factors with the outcome, i.e., Global INFO25 score. A significant regression coefficient was found ($p < 0.05$) for level of education, occupation, treatment phase and time since diagnosis. Healthcare providers and interpersonal sources were the preferred sources of information.

Conclusion/Implications: Participants were satisfied with the amount of information received. Association of information satisfaction with level of education, treatment phase and time since diagnosis was established. Attention should be paid towards providing more information to those who do not actively seek it or are not satisfied.

EP185 / #220

Topic: AS06. *Tumor Types / AS06b. Cervical Cancer*

FEASIBILITY OF DOSE-DENSE NEO-ADJUVANT CHEMOTHERAPY FOLLOWED BY CHEMORADIOTHERAPY IN LOCALLY ADVANCED CERVICAL CANCER: A REAL-WORLD EXPERIENCE OF INTERLACE STUDY IN A SINGLE INSTITUTION IN OMAN

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Introduction: This study aimed to describe the application of the INTERLACE study in a real-world setting at a referral cancer center in Oman

Methods: We included cervical carcinoma patients at SQCCRC (Oct 2023 - Dec 2024) who received weekly neoadjuvant chemotherapy (NACT) with carboplatin and paclitaxel for 6 weeks. At week 6, MRI pelvis was done, followed by CCRT at week 7 per the INTERLACE protocol. Records were reviewed for clinicopathological characteristics, NACT response, and toxicities.

Results: 08 patients were offered the INTERLACE protocol; the median age was 47 years, all patients received 6 cycles of NACT followed by CCRT and vaginal brachytherapy. 05 patient achieved the five cycles of cisplatin with the radiotherapy, 02 patients received only 04 cycles, 01 patient received three cycles, and 01 patient received only 01 cycle of cisplatin and this because of the toxicities: Anemia grade III with transfusions in 5 patient, thrombopenia grade III in 02 patients and neutropenia grade III in 2 patients. 01 patient experienced vomiting nausea and fatigue during the CCRT treatment. The median time for the radiotherapy treatment was 46 days. The response rate post-NACT (MRI at week 6) was complete response in 02 patients and partial response in 06 patients. Radiologic evaluation at 12 weeks post-CCRT showed complete remission in all our patients. When writing this abstract, all patients are alive without any recurrence.

Conclusion/Implications: The INTERLACE trial's therapeutic scheme was feasible with manageable hematologic toxicity. Implementing the protocol required collaboration across oncology and radiology to create a new treatment pathway

EP186 / #596**Topic:** AS06. *Tumor Types / AS06c. Endometrial & Uterine Corpus Cancers***ENDOMETRIAL STROMAL SARCOMA IN A YOUNG WOMAN: A CASE REPORT**Habiba Ibrahim Abdullahi¹, Arinze Chukwu¹, Oluwasesan Abdul², Ishak Lawal¹¹University of Abuja Teaching Hospital, Obstetrics And Gynaecology, Abuja, Nigeria, ²University of Abuja Teaching Hospital, Pathology, Abuja, Nigeria**Introduction:** Endometrial stromal sarcoma is a rare occurrence in young women.

Methods: We present a 22-year-old nulliparous woman presented with 2 years history of heavy menstrual bleeding, abdominal pain and abdominal swelling. She was managed in another facility as a case of uterine fibroids where she was taken to theatre for myomectomy but an inoperable tumour was found. Hence a biopsy was taken and histology report revealed endometrial stromal sarcoma. Due to the huge nature of the mass, she was given 6 courses of neoadjuvant chemotherapy with carboplatin and docetaxel without improvement but rather the tumour kept enlarging to reach its present size. She was referred to University of Abuja teaching Hospital due to proximity to her parents.

Results: On examination, she was chronically ill-looking, pale, anicteric with bilateral pedal edema. Her vitals were stable. The abdomen was distended, with a healed Pfannestiel scar. There was generalized tenderness and an abdomino-pelvic mass of 36 weeks uterine size with no ascites. imaging studies (ultrasound and MRI) were suggestive of leiomyosarcoma. At surgery, we found a huge left cystic ovarian mass measuring 20cm x 20cm which ruptured inadvertently with chocolate-like effluent and uterus was 20 weeks size with multiple nodular masses. The liver, stomach and spleen appeared normal. Histology confirmed endometrial stromal sarcoma. The ovarian cyst was benign. Immunohistochemistry revealed low grade endometroid stromal sarcoma. The tumour was staged as 2a disease. Postoperative period was uneventful.. She was counselled for adjuvant therapy with progesterone.

Conclusion/Implications: ESS is an uncommon malignancy among young women and management challenging.

EP187 / #1004

Topic: AS06. Tumor Types / AS06c. Endometrial & Uterine Corpus Cancers

SURVIVAL PREDICTORS IN STAGE IVB ENDOMETRIAL CANCER: A RETROSPECTIVE SURGICAL COHORT STUDY

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Introduction: Advanced-stage endometrial cancer is typically associated with poor prognosis. This study aimed to identify prognostic factors in patients with stage IVb endometrial cancer who underwent surgical treatment.

Methods: We retrospectively analyzed 43 patients diagnosed with stage IVb endometrial cancer accompanied by peritoneal carcinomatosis with or without visceral involvement, treated between June 2008 and October 2024.

Results: The median patient age was 62 years. Non-endometrioid histologies were observed in 24 patients (55.8%), and 69.8% of endometrioid tumors were high-grade. Cytoreductive surgery was performed in 34 patients (79.1%) as primary treatment, achieving complete cytoreduction in 56% of cases. The primary indication for neoadjuvant chemotherapy was extensive abdominal disease, with complete cytoreduction achieved in 89% of these patients. After a median follow-up of 15.8 months, 19 patients (44.2%) experienced disease recurrence, with a median progression-free survival (PFS) of 21.3 months and a 3-year PFS rate of 37.9%. A total of 22 patients (51.1%) died, with a median overall survival (OS) of 34.2 months and a 5-year OS rate of 40.7%. Neoadjuvant chemotherapy was associated with an increased risk of progression (HR 3.87; 95% CI: 1.41–10.2). Additionally, grade 3 tumors (HR 2.86; 95% CI: 1.03–7.91) and the presence of residual disease after surgery (HR 3.90; 95% CI: 1.65–9.26) were independently associated with worse overall survival.

Conclusion/Implications: Tumor grade and residual disease after surgery are key prognostic factors in patients with stage IVb endometrial cancer treated with surgery and systemic therapy.

EP188 / #949**Topic:** AS06. Tumor Types / AS06c. Endometrial & Uterine Corpus Cancers**UNCOVERING THE GENOMIC LANDSCAPE OF HIGH-GRADE ENDOMETRIAL CANCER IN AFRICAN WOMEN: THE ADRAEC CONSORTIUM**

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Introduction: Endometrial cancer (EC) incidence and mortality are rising among women of African ancestry, who are disproportionately diagnosed with high-grade histologies. However, genomic data on EC in native African populations remain virtually nonexistent. To address this gap, the Africa and the Diaspora Rising Against Endometrial Cancer (ADRAEC) Consortium was established to characterize genomic and environmental drivers of aggressive EC subtypes in Sub-Saharan Africa.

Methods: ADRAEC is a multicenter effort leveraging the infrastructure of the International Center for the Study of Breast Cancer Subtypes to recruit and collect biospecimens and epidemiologic data from women with high-grade EC in Ghana, Nigeria, Ethiopia, and Zambia. Genomic sequencing, ancestry analysis, and environmental exposure assessment are being performed. Comparative analyses with African-American and European-ancestry cohorts, including TCGA and the Polyethnic 1000 project, are planned.

Results: To date, 34 tumor specimens with matched clinical and sociodemographic data have been collected. Preliminary findings suggest a high prevalence of high-grade subtypes and early age at diagnosis. Planned analyses will assess TP53 and FBXW7 mutations, chromatin remodeling genes, and environmental exposures (e.g., endocrine-disrupting chemicals and air pollution) that may modulate tumor biology and recurrence risk.

Conclusion/Implications: ADRAEC is the first genomic study of EC in native African populations. It will provide foundational insights into ancestry-linked genomic alterations and environmental risk factors. These findings will inform precision prevention, risk stratification, and treatment strategies for women of African ancestry, addressing a critical global health disparity.

EP189 / #626**Topic:** AS06. *Tumor Types / AS06c. Endometrial & Uterine Corpus Cancers***ENDOMETRIOID INTRAEPITHELIAL NEOPLASIA: ANALYSIS OF POSTOPERATIVE OUTCOME**

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Introduction: Atypical endometrial hyperplasia (AEH), also known as endometrioid intraepithelial neoplasia (EIN), is a precursor lesion of endometrial cancer (EC), with a high risk of progression to malignancy. AEH is often associated with factors such as prolonged estrogen exposure without the counteraction of progesterone, obesity, polycystic ovary syndrome (PCOS), and diabetes mellitus. The diagnosis is confirmed by endometrial biopsy and histological evaluation. The World Health Organization (WHO) recommends hysterectomy for EIN cases due to the risk of malignancy, while benign forms can be treated conservatively.

Methods: A retrospective study conducted at the gynecological oncology outpatient clinic of the Samuel Libânio Hospital Complex analyzed 26 patients diagnosed with Endometrial Intraepithelial Neoplasia between 2022 and 2024.

Results: The research revealed that from 26 patients diagnosed with Endometrial Intraepithelial Neoplasia 11 (42%) showed endometrial cancer (EC) after histopathological analysis. Hypertension, diabetes, and advanced age were identified as risk factors, and biopsy by direct visualization showed a higher incidence of EC (50%) compared to blind biopsies. Pathological staging of EC was predominantly in the early stages (IA and IB), and most patients received extended surgical treatment.

Conclusion/Implications: Endometrial Intraepithelial Neoplasia (NIE) represents a diagnostic and therapeutic challenge - early diagnosis and appropriate treatment are crucial to prevent the occurrence of Endometrial Cancer (EC). This study demonstrates that the rate of concomitant EC in patients with a preoperative diagnosis of Endometrial Intraepithelial Neoplasia is 42%. The treatment of NIE should be personalized, considering aspects such as age, reproductive desire and risk factors for EC of each patient.

EP190 / #522**Topic:** AS06. Tumor Types / AS06c. Endometrial & Uterine Corpus Cancers**RACIAL SUBGROUP ANALYSES OF TUMOR RESPONSE AND SAFETY IN PATIENTS WITH MISMATCH REPAIR-DEFICIENT/MICROSATELLITE INSTABILITY-HIGH ADVANCED/RECURRENT ENDOMETRIAL CANCER RECEIVING DOSTARLIMAB MONOTHERAPY IN THE GARNET TRIAL**

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Introduction: Dostarlimab is approved as monotherapy in patients with mismatch repair-deficient/microsatellite instability-high (dMMR/MSI-H) advanced/recurrent endometrial cancer (A/R EC) that progressed on/after prior treatment with a platinum-containing regimen. Differences in EC outcomes have been observed among racial groups. In this post-hoc analysis, tumor response and safety in racial minorities were evaluated in cohort A1 of the GARNET trial (NCT02715284).

Methods: GARNET is an international, open-label, single-arm phase 1 study. Patients received 500mg of dostarlimab Q3W (4 cycles), then 1000mg Q6W for up to 2 years or beyond 2 years with investigator and sponsor agreement. Primary endpoints were objective response rate (ORR) and duration of response (DOR) by BICR using RECIST v1.1; safety was assessed by CTCAE v4.03. Data from cohort A1 (dMMR/MSI-H EC) were from 01Nov2021.

Results: Overall, 153 patients were enrolled/dosed in cohort A1; 13 self-identified as minority patients (Black, Asian, or American Indian/Alaska Native), and 12 minority patients were available for efficacy analyses. ORR (95% CI) was 66.7% (34.9%–90.1%) and 43.6% (34.2%–53.4%) in the minority and white subgroups, respectively; ORR (95% CI) across cohort A1 was 45.5% (37.1%–54.0%; Table). Median DOR was not reached in cohort A1 or either subgroup. With limited data, rates of treatment-related AEs were slightly higher in the minority subgroup than the white subgroup; other parameters were comparable.

Conclusion/Implications: Dostarlimab monotherapy showed consistent durable antitumor activity in this small subgroup of minority patients with dMMR/MSI-H A/R EC in the GARNET trial. Inclusion of minorities in clinical trials remains an important research priority.

| | GARNET cohort A1 dMMR/MSI-H EC | | |
|--|-----------------------------------|--|-----------------------------|
| | All patients (N=153) | Racial subgroups | |
| | | Minority patients ^b (n=13) | White patients (n=117) |
| Safety analysis set ^a | | | |
| Age, median (range), y | 65.0 (39–85) | 60.0 (41–72) | 64.0 (39–85) |
| BMI, median (range), kg/m ² | 29.2 (13.6–53.9) | 30.8 (22.0–47.6) | 29.2 (13.6–53.9) |
| ECOG PS, n (%) | | | |
| 0 | 61 (39.9) | 8 (61.5) | 40 (34.2) |
| 1 | 92 (60.1) | 5 (38.5) | 77 (65.8) |
| FIGO stage at diagnosis, n (%) | | | |
| Stage I or II | 65 (42.5) | 5 (38.5) | 53 (45.3) |
| Stage III or IV | 88 (57.5) | 8 (61.5) | 64 (54.7) |
| Histology, n (%) | | | |
| Grade 1 or 2 endometrioid carcinoma | 100 (65.4) | 7 (53.8) | 75 (64.1) |
| Other ^c | 53 (34.6) | 6 (46.2) | 42 (35.9) |
| Safety | | | |
| Any TRAE | 108 (70.6) | 10 (76.9) | 80 (68.4) |
| Any grade ≥3 TRAE | 27 (17.6) | 2 (15.4) | 20 (17.1) |
| Any serious TRAE | 18 (11.8) | 2 (15.4) | 14 (12.0) |
| Any TRAE leading to treatment withdrawal | 13 (8.5) | 1 (7.7) | 9 (7.7) |
| Any immune-related TRAE | 42 (27.5) | 3 (23.1) | 32 (27.4) |
| Efficacy | | | |
| | All patients (N=143) | Racial subgroups | |
| | | Minority patients ^d (n=12) | White patients (n=110) |
| Efficacy analysis set ^{e,f} | | | |
| ORR, n/N (%; 95% CI) | 65/143 (45.5; 37.1–54.0) | 8/12 (66.7; 34.9–90.1) | 48/110 (43.6; 34.2–53.4) |
| Response ongoing, n (%) | 54 (83.1) | 8 (100) | 38 (79.2) |
| Follow-up time, median, mo | 27.6 | 29.0 | 27.7 |
| DOR, median (range), mo | NR (1.18+ to 47.21+) | NR (9.33+ to 44.52+) | NR (1.41+ to 47.21+) |
| ^a "+" Indicates that a patient's response is ongoing. ^b All patients who received any amount of study drug. ^c Black, Asian, or American Indian/Alaska Native. ^d Other included serous carcinoma, grade 3 endometrioid, mixed carcinoma, unspecified, clear cell carcinoma, undifferentiated carcinoma, squamous carcinoma, dedifferentiated, endometrial adenocarcinoma, endometrial adenocarcinoma not otherwise specified, endometrial neuroendocrine carcinoma, high-grade uterine carcinoma, undifferentiated clear cell carcinoma, and unknown. ^e All patients in the safety analysis set with measurable disease at baseline (defined as the existence ≥1 target lesion at baseline tumor assessment by BICR) who have had the opportunity for at least 24 weeks of follow-up at the time of analysis. ^f Given the small number of patients in the minority subgroup, caution should be taken in interpretation of results. BICR, blinded independent central review; BMI, body mass index; dMMR/MSI-H, mismatch repair deficient/microsatellite instability-high; DOR, duration of response; EC, endometrial cancer; ECOG PS, Eastern Cooperative Oncology Group performance status; FIGO, International Federation of Gynecology and Obstetrics; NR, not reached; ORR, objective response rate; TRAE, treatment-related adverse event. | | | |

EP191 / #562**Topic:** AS06. Tumor Types / AS06c. Endometrial & Uterine Corpus Cancers**A DECADE OF CHANGE - ENDOMETRIAL CARCINOMA (EC) RISK CLASSIFICATION BEFORE, AFTER AND BEYOND TCGA**

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Introduction: Following three decades of EC management based on the typeI/typeII dichotomy, the 2021 introduction of molecular-based risk classification marked a paradigm shift. Since then, emerging evidence - including the prognostic significance of estrogen receptor(ER) expression and lymphovascular space invasion(LVSI) - has driven further refinement of risk stratification. This study aimed to compare the 2016 historical risk classification(RC) with the evolving classification systems of 2021 and the most recent 2025 update (RC16vsRC21vsRC25), integrating both the revised FIGO2023 staging and contemporary molecular insights.

Methods: Primary EC patients diagnosed in 2016 at five major European gynecologic centers were identified retrospectively and submitted to molecular testing. Risk was assigned according to ESGO-RC16/RC21/RC25. Change over time was measured by comparing different risk assignments.

Results: A total of 226 consecutive patients was identified across all five centers. After chart review and molecular analyses, a cohort of 165 patients with RC16/RC21/RC25 was available. Grading, tumor type and molecular classes were distributed as expected

(G1(36%),G2(38%),G3(25%); endometrioid(83%); MMR-D(27%),POLEmut(12%), p53abn(25%), NSMP(37%)). After applying FIGO2023 criteria new FIGO stages were assigned in 70%. Risk classification changes were observed in 24%(n=39/165;RC16vsRC21) and 8%(n=13/165;RC21vsRC25). Risk reduction was found in 62%(n=24/39;RC16vsRC21) and 69%(n=9/13;RC21vsRC25) of changes with a stepwise fashion across RC16/RC21/RC25 in 27%.

Conclusion/Implications: The ongoing refinement of EC risk classification - incorporating molecular profiling and revised FIGO2023 staging - results in significant reclassification, often toward lower risk categories. However, diagnostic workup is becoming increasingly comprehensive and resource-intensive, requiring specialized knowledge and infrastructure. Yet this effort enables tailored treatment with the capability to improve patient outcomes.

EP192 / #1021

Topic: AS06. Tumor Types / AS06c. Endometrial & Uterine Corpus Cancers

PROGNOSTIC VALUE OF ALBUMIN-TO-ALKALINE PHOSPHATASE RATIO IN PATIENTS WITH ADVANCED ENDOMETRIAL CANCER

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Introduction: Recently, it has been reported that the pretreatment albumin-to-alkaline phosphatase ratio (AAPR) is related to the prognosis of various cancers. The purpose of this study was to investigate the association between pretreatment AAPR and progression-free survival (PFS) and other clinicopathological features in a cohort of endometrial Cancer.

Methods: A retrospective analysis was conducted on 55 advanced endometrial cancer patients treated in our center between March 2022 and December 2024. Pretreatment AAPR was calculated for each patient, and the cohort was divided into two groups: "Low" (AAPR < 0.45) and "High" (AAPR ≥ 0.45). Survival analysis was used to investigate the survival distribution between the groups

Results: The median age was 57.5 years; The median BMI was 36.2. 40% of patients had diabetes, 50% had hypertension, and 28% had dyslipidemia. 68% of patients were postmenopausal. The analysis revealed strong, positive, and statistically significant correlations between AAPR and PFS: Patients with a high baseline AAPR (≥ 0.45) had a median PFS of 24.5 months, compared to 12.0 months in the low AAPR group, with a correlation coefficient of ≈ 0.72 ($p \approx 0.043$). Elevated AAPR values exhibited a strong positive correlation ($p=0.00027$) with larger tumor sizes. A moderate correlation ($p=0.074$) was found between AAPR and the presence of LVSI.

Conclusion/Implications: Pretreatment AAPR shows promise as a prognostic indicator for progression-free survival in endometrial Cancer. AAPR may serve as a valuable predictive biomarker for cancer progression. The observed trend justifies further investigation into larger, prospective studies

EP193 / #610

Topic: AS06. Tumor Types / AS06c. Endometrial & Uterine Corpus Cancers

SENTINEL LYMPH NODE MAPPING IN HIGH RISK ENDOMETRIAL CANCERS- AN INDIAN EXPERIENCE

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Introduction: Assess the diagnostic accuracy of sentinel lymph node (SLN) algorithm in intermediate/ high-risk endometrial cancers. Assess sensitivity, specificity, false negative rates, positive and negative predictive values of SLN in comparison with systematic lymph node dissection in high-risk endometrial carcinoma (HREC).

Methods: A prospective non-randomised single institute study. Consecutive women, with presumed FIGO I-II HREC, were assessed for eligibility and underwent surgery from 1/07/2022 to 30/07/2024.

Results: 47 women were enrolled and included in the final analysis. The ICG-SLN algorithm had a sensitivity of 100% and a negative predictive value (NPV) of 97.6% for the detection of pelvic nodes. Sensitivity of 90% and a NPV of 95.45% for para-aortic SLN. After reinjection, the bilateral mapping rate was 100%. All underwent pelvic and para -aortic SLN mapping along with a BPLND and an IR-PALND. The mean number of PLN and PALN were 21 and 33 respectively. Six had pelvic LNM's, 5 were correctly identified by the algorithm. In one apart from the ICG avid node, a non ICG avid PLN was positive. Five of these six had para-aortic LNM. Only 1 woman (2.1%) had isolated para-aortic metastasis. Five had para-aortic LNM's, 4 were correctly identified by the algorithm. In one, apart from the SLNB, non SLNB node was also positive. Only one had a false negative para-aortic SLNB similar to the results in the pelvic basin. Conversion to laparotomy was necessary in 1 due to an intraoperative complication. The readmission rate following surgery was 4.2%.

Conclusion/Implications: SLN is feasible, safe in intermediate/ high risk endometrial cancers

EP194 / #852**Topic:** AS06. Tumor Types / AS06c. Endometrial & Uterine Corpus Cancers**FACTORS INFLUENCING TREATMENT OUTCOMES IN PATIENTS WITH STAGE I OF UTERINE SARCOMA**

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Introduction: Uterine sarcomas are a rare type of tumor characterized by aggressive courses and poor prognosis. Despite advances in diagnostic techniques and modern treatment methods, current European, American, and British guidelines still lack sufficient information regarding the choice of adjuvant therapy.

Methods: A retrospective analysis was conducted on the treatment outcomes of 83 patients with stage I uterine sarcoma from 2010 to 2023. Leiomyosarcoma was diagnosed in 66 cases (79.5%), while endometrial stromal sarcoma was identified in 17 patients (20.5%).

Results: An odds ratio analysis was performed based on the following parameters: clinical (stage, age), morphological (nuclear atypia, mitotic activity, necrosis areas, lymphovascular invasion), and immunohistochemical (ER, PR, Ki-67) factors. The patients' age ranged from 31 to 88 years, medium age of 53.03 ± 2.82 years. Among patients with uterine sarcoma, nuclear atypia graded as 4+ was observed in 53 patients (63.7%) upon morphological examination. High mitotic activity (≥ 11 mitoses/10 HPF) was found in 29 cases (34.9%), lymphovascular invasion in 20 cases (24.1%), and necrosis areas in 28 patients (33.7%). Estrogen and progesterone receptor expression up to 50% was identified in 36 (43.4%) and 35 (2.2%) patients, respectively. The proliferation marker Ki-67 showed a value $>30\%$ in 53 patients (63.9%). The 5-year overall and disease-free survival rates were 64.9% and 55.6%, respectively.

Conclusion/Implications: The following prognostic factors were identified as a negative impact on 5-year overall survival: tumor grade G3, presence of necrosis areas, lymphovascular invasion, mitotic activity of 11 or $>$ per 10 HPF, nuclear atypia graded 4+, and absence of estrogen and progesterone receptors ($p < 0.05$).

EP195 / #377

Topic: AS06. Tumor Types / AS06c. Endometrial & Uterine Corpus Cancers

RADICAL HYSTERECTOMY FOR STAGE II ENDOMETRIAL CANCER IN THE POST-LACC ERA: SURGICAL TRENDS AND ONCOLOGIC OUTCOMES

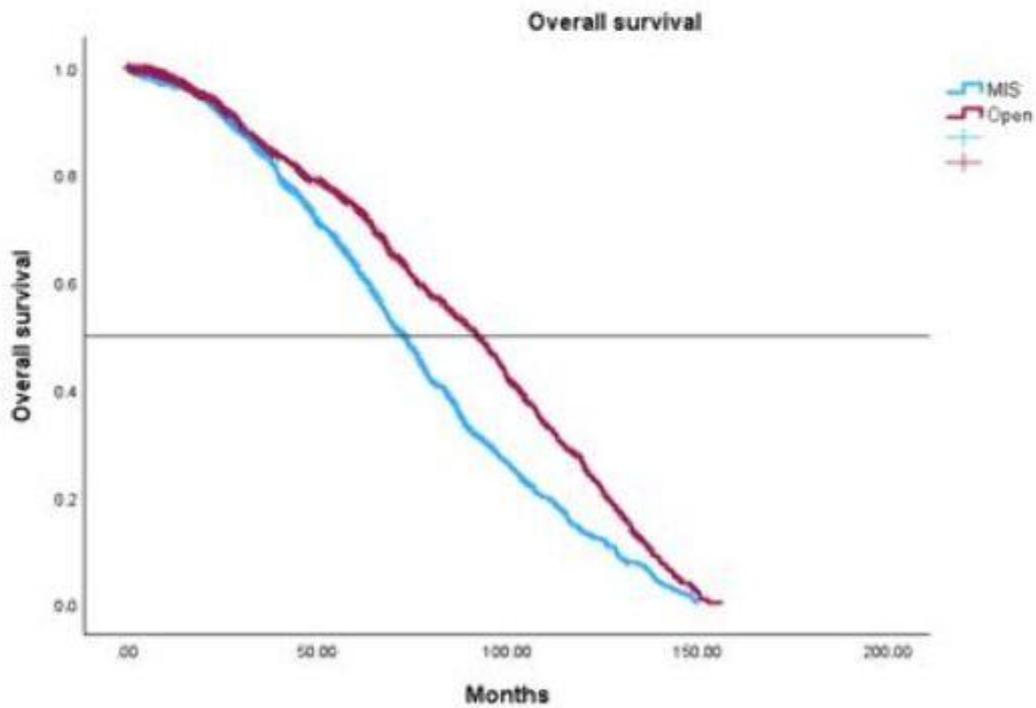
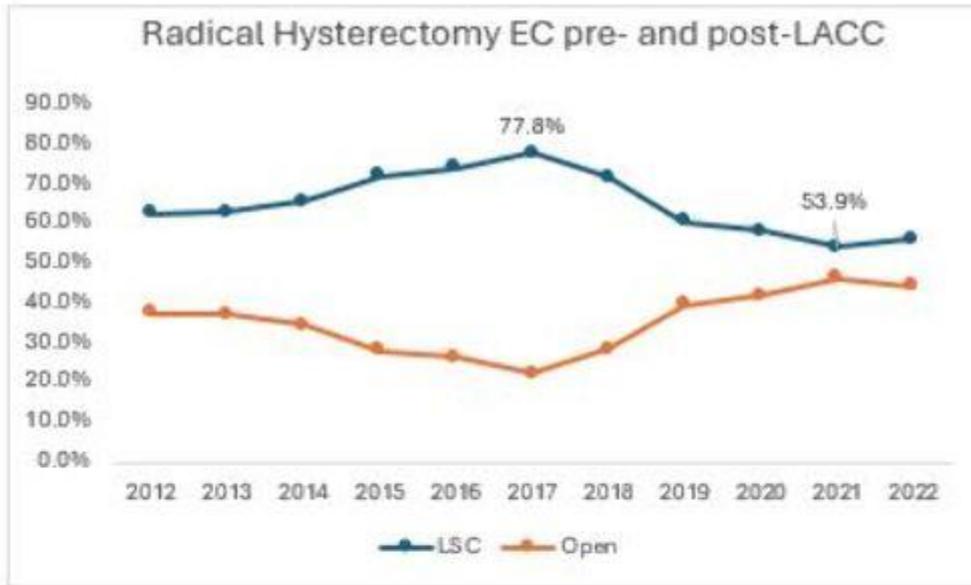
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Introduction: The Laparoscopic Approach to Cervical Cancer (LACC) trial prompted a shift away from minimally invasive surgery (MIS) toward open radical hysterectomy. We aimed to study the effect of the LACC trial on real-world changes in the surgical approach for stage II endometrial cancer (EC).

Methods: The National Surgical Quality Improvement Program registry and the National Cancer Database were used to examine radical hysterectomies performed for stage II EC between 2012-2022. The primary outcomes included surgical approach trends (MIS vs. open surgery) and complication rates, analyzed by time period before and after the publication of the LACC trial in 2018.

Results: Of 7,349 patients included, 4,951 (67.4%) underwent MIS and 2,398 (32.6%) underwent open radical hysterectomy. There was a constant and significant increase in the MIS approach from 2012 to 2017 (62.5% MIS in 2012 to 77.8% MIS in 2017, $p < .001$), and a significant decrease in MIS from 2018 to 2022 (71.7% MIS in 2018 to 55.9% MIS in 2022, $p < .001$). Major complications rate was similar before and after the LACC trial [248 (5.3%) vs. 82 (4.6%), $p = .24$]. For oncologic outcomes, 1,590 patients were eligible for analysis, with 802 (50.4%) undergoing open surgery and 788 (49.6%) MIS. Overall survival was superior in the open group when compared to the MIS group; median 92 months (95% CI 86-98 months) vs. median 73 months (95% CI 69-77 months), log rank $< .001$.



Conclusion/Implications: The proportion of MIS radical hysterectomy for stage II EC decreased following the LACC trial. In addition, overall survival was superior in the open surgery group.

EP196 / #827**Topic:** AS06. *Tumor Types / AS06c. Endometrial & Uterine Corpus Cancers***CHANGING TRENDS IN CLINICOPATHOLOGICAL CHARACTERISTICS AND ONCOLOGICAL OUTCOMES OF ENDOMETRIAL CARCINOMA IN THAILAND**Tarinee Manchana, Teerapat Aneaknithi, Pinyada Panyavaranant

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Introduction: Endometrial cancer is the second most prevalent gynecologic cancer in Thailand. The overall incidence has significantly increased. The objective is to evaluate the trends in the clinicopathological characteristics and survival outcomes among Thai women with endometrial cancer.

Methods: Between 2001 and 2016, 922 endometrial cancer patients were recruited. Clinicopathological characteristics including age, histological subtype, and tumor grade were recorded. Low-risk tumors were defined as grade 1-2 endometrioid subtypes, whereas high-risk tumors included grade 3 endometrioid and non-endometrioid subtypes. Trends were analyzed by dividing the cohort into two time periods: before and after the year 2010.

Results: The total number of cases significantly increased over time, from 48.3 to 73.1 cases per year. The median age remained relatively stable between two periods (56 and 57 years, respectively). However, the proportion of patients aged ≥ 60 years increased significantly, from 36.4% to 43.1%. The proportion of high-risk tumors and non-endometrioid subtypes also significantly increased, from 15.6% to 27.5% and 4.4% to 10.5%, respectively. Patients aged ≥ 60 years, those with high-risk tumors, and non-endometrioid subtypes were associated with poorer survival outcomes. Despite these differences, survival outcomes in overall cohort remained stable. The 5-year DFS rate was 89.2% before 2010 and 84.3% after; the 5-year OS rate was 91.2% and 91.7%, respectively.

Conclusion/Implications: Trends indicate a significant rise in patients aged ≥ 60 years, high risk tumors, and non-endometrioid subtypes. Despite the increase in high-risk factors, survival outcomes have remained unchanged. This may be attributed to advancements in standard treatment guideline and improved clinical care.

EP197 / #284**Topic:** AS06. Tumor Types / AS06c. Endometrial & Uterine Corpus Cancers**EVALUATION OF ONCOTIC COLPOCYTOLOGY IN THE PREOPERATIVE AND IMMEDIATE POSTOPERATIVE OF SURGICAL TREATMENT FOR ENDOMETRIAL CANCER AND ITS ASSOCIATION WITH DISEASE STAGING AND VAGINAL RECURRENCE**Igor Marcondes De Andrade, Marcelo Simonsen, Andressa Teixeira

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Introduction: The endometrial cancer is the third most common gynecologic cancer in Brazil. The standard treatment is surgical. The use of uterine manipulators in these procedures has raised concerns about the potential dissemination of tumor cells into the vaginal canal during surgery. The present study aims to evaluate pre- and immediate postoperative oncotoc vaginal cytology in patients undergoing surgical treatment for endometrial cancer.

Methods: A prospective clinical study was conducted at the Hospital do Servidor Estadual de São Paulo between January 2022 and December 2023. Epidemiological and clinical data were collected. Vaginal cytology were collected. Intraoperative data e histopathology results were obtained. Follow-up was conducted. Long-term follow-up included regular clinical exams and imaging.

Results: A total of 97 patients participated. The average age was 67.3 years, BMI was 32. The predominant histological type was endometrioid adenocarcinoma (89.7%). Laparoscopic approach performed in 91.8% of cases. The uterine manipulator Clemond-Ferrand was used in 47.4%, and 22.7% without a manipulator. Adenocarcinoma was detected in 34% of cytology samples. At the 12-month follow-up, 8.4% of recurrence. No significant correlation between recurrence or cytology results and the use of uterine manipulators. Non-endometrioid histology was associated with pelvic recurrence.

Conclusion/Implications: There is a stronger relationship between non-endometrioid histological types and pelvic recurrence. No correlation was found between uterine manipulation and positivity of tumor cells in the vagina or more pelvic recurrences. Further studies with a larger number of cases are needed to isolate the main factors of vaginal recurrences.

EP198 / #883

Topic: AS06. Tumor Types / AS06c. Endometrial & Uterine Corpus Cancers

GYNECOLOGICAL OUTCOMES IN PATIENTS WITH LYNCH SYNDROME – A 10-YEAR RETROSPECTIVE REVIEW

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Introduction: Objective:

To describe the gynecologic cancer outcomes in patients with confirmed or suspected Lynch syndrome over a 10-year period at a rural South African referral center

Methods: Methods:

This retrospective cohort study included women diagnosed with gynecological cancers between January 2015 and August 2024. Patients were included based on a positive test for Lynch Syndrome. Clinical data, pathology results, treatment modalities, outcomes are tabled.

Results: In total, there were 63 MLH1 positive females who have been surveilled over the ten year period. The median age was 46years (Range from 22 -72 years.) Of the 63 patients, 4 patients were diagnosed with cancer. One patient was diagnosed with a uterine cancer in 2015 and a second breast cancer in 2016.

The chart illustrates those patients who were diagnosed with gynae cancer over the period of surveillance.

| PATIENT NUMBER | YEAR OF DIAGNOSIS | Age at diagnosis | Primary tumour | Stage | Histology | Treatment Offered | Outcome |
|----------------|-------------------|------------------|----------------------|------------------------------|----------------------|---|---------|
| 1 | 2015 | 59 | Uterus | 1bx. No lymphadenectomy done | Grade 2 Endometrioid | TAH and BSO, Followed by WPRT | Alive |
| | 2016 | 60 | Second Breast Cancer | One | | Surgery | Alive |
| 2 | 2016 | 58 | Uterus | 3c(1) | Grade 3 | TAH, BSO, PLND. Followed by RT | Alive |
| 3 | 2022 | 50 | Uterus | 1a | Carcino-Sarcoma | TAH, BSO, PLND Followed by WPRT | Alive |
| 4 | 2022 | 52 | Ovary | 1c | Grade 2 Endometrioid | TAH, BSO, Omeental biopsy. Followed by six cycles Carboplatin / Taxol | Alive |

Conclusion/Implications: This is the largest cohort of patients with Lynch Syndrome confined in a rural part of South Africa. Although the patients presented with aggressive tumours, survival was reasonable.

EP199 / #506

Topic: AS06. *Tumor Types / AS06c. Endometrial & Uterine Corpus Cancers*

**FACTORS INFLUENCING QUALITY OF LIFE IN ENDOMETRIAL CARCINOMA:
ANALYSIS FROM A TERTIARY CARE CANCER CENTER FROM NORTHERN INDIA.**

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Introduction: The quality of life in uterine cancers has been studied previously with special focus on either obesity or grade of the disease. But, the predictors of quality of life in Carcinoma endometrium are still not well defined and needs to be further explored. Thus, this study was conducted with the objectives to evaluate the factors influencing quality of life in patients with endometrial carcinoma post staging surgery.

Methods: A prospective study was conducted from 1st January 2021 to 30th June 2022 (1 year 6 months). All patients undergoing primary staging surgery for endometrial carcinoma were evaluated with the help of FACT G questionnaire post 3 months from surgery and the scores correlated with factors like BMI, stage and grade of the disease, route of surgery and molecular classification.

Results: A total of 50 patients were evaluated who underwent primary staging. All women belonged to FIGO stage I. 28 (56%) women underwent laparoscopic surgery and 22 (44%) underwent an open procedure. 92% patients were ECOG 1 with 42% women belonging to age group of 50 to 59 years. 42% women had normal BMI or were overweight, 38% were obese grade I or II and 20% women were morbidly obese. It was seen that higher BMI and age more than 70 years significantly affected the physical well-being score of women in the FACT G questionnaire and thus affected quality of live adversely.

Conclusion/Implications: Age more than 70 years and obesity were poor predictors of quality of life in endometrial carcinoma in our study.

EP200 / #1000

Topic: AS06. Tumor Types / AS06c. Endometrial & Uterine Corpus Cancers

DIRAS3 EXPRESSION FLAGS HIGH-RISK ENDOMETRIAL CANCER: A NEW MOLECULAR CLUE IN THE FIGHT AGAINST AGGRESSIVE TUMORS

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Introduction: This study examined DIRAS3, a tumor suppressor, in endometrial cancer to assess its link with aggressive features and molecular markers.

Methods:

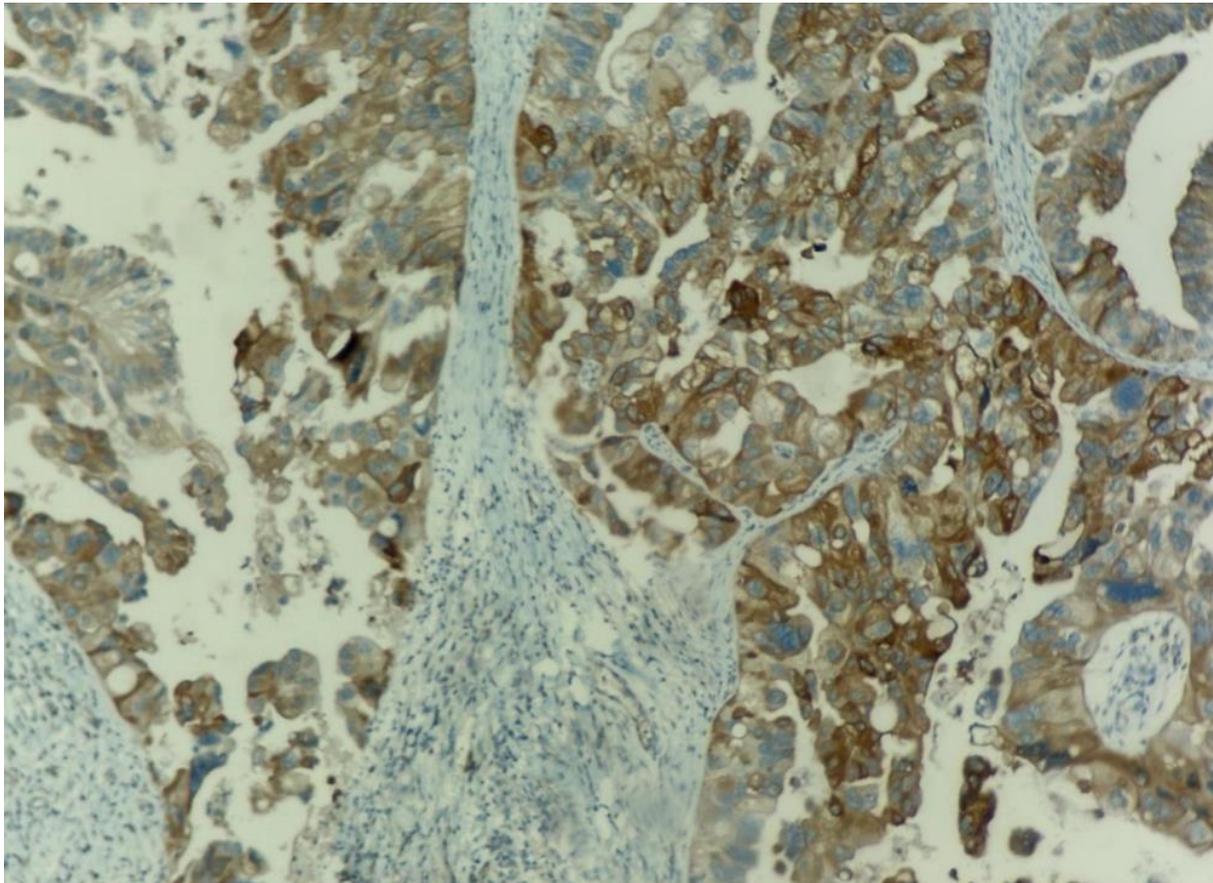


Figure 1: DIRAS3 Expression in Endometrial Cancer.

Immunohistochemical staining for DIRAS3 was performed on pathology specimens. Staining patterns were compared between benign and malignant groups, and correlations with prognostic factors and molecular markers were evaluated.

Results:

Table 1. Correlation Between DIRAS3 expression and clinicopathologic variables.

| | DIRAS3 negative endometrial carcinoma (n=35) | DIRAS3 positive endometrial carcinoma (n=16) | p |
|---|--|--|--------------|
| Tumour histology | | | |
| Serous type (n; %) | 2 (%25) | 6 (%75) | 0.004 |
| Endometrioid type (n; %) | 33 (%76.7) | 10 (%23.3) | |
| Lymphovascular space invasion presence (n; %) | 14 (%77.8) | 4 (%22.2) | 0.298 |
| Serosal invasion presence (n; %) | 2 (%66.7) | 1 (%33.3) | 0.940 |
| Adnexial invasion presence (n; %) | 5 (%71.4) | 2 (%28.6) | 0.862 |
| Cervical stromal invasion presence (n; %) | 4 (%57.1) | 3 (%42.9) | 0.664 |
| Vaginal/parametrial invasion (n; %) | 1 (%50) | 1 (%50) | 0.533 |
| Bladder invasion presence (n; %) | 0 | 1 (%100) | 0.314 |
| Distant metastasis presence (n; %) | 2 (%50) | 2 (%50) | 0.581 |
| Pelvic lymph node metastasis presence (n; %) | 3 (%60) | 2 (%40) | 0.627 |
| Para-aortic lymph node metastasis presence (n; %) | 2 (%66.7) | 1 (%33.3) | 1.000 |
| Mismatch repair deficiency | | | |
| MLH-1 deficient (n; %) | 9 (%90) | 1 (%10) | 0.142 |
| MSH-2 deficient (n; %) | 3 (%100) | 0 | 0.543 |
| MSH-6 deficient (n; %) | 2 (%100) | 0 | 1.000 |
| PMS-2 deficient (n; %) | 9 (%75) | 3 (%25) | 0.730 |
| p53 immunostaining pattern | | | |
| wild-type p53 (n; %) | 32 (%78) | 9 (%22) | 0.003 |
| focal-type p53 (n; %) | 0 | 1 (%100) | |
| diffuse-type p53 (n; %) | 1 | 6 (%85.7) | |
| null-type p53 (n; %) | 1 (%100) | 0 | |
| p16 pattern | | | |
| patchy-type p16 pattern (n; %) | 30 (%75) | 10 (%25) | 0.006 |
| diffuse-type p16 pattern (n; %) | 2 (%25) | 6 (%75) | |

A total of 96 patients, comprising 45 benign cases and 51 cases of endometrial carcinoma, were included in the study. The median age was significantly higher in malignant cases compared to the benign cases (59 vs. 50 years; $p < 0.001$). Gravity and parity did not differ significantly between malignant and benign groups ($p = 0.887$). DIRAS3 positivity was more frequent in malignant cases (31.4%) compared to benign cases (17.8%), although this difference was not statistically significant ($p = 0.125$). DIRAS3 positivity was significantly higher in serous endometrial carcinoma compared to the endometrioid type (75% vs. 23.3%; $p = 0.004$). Additionally, DIRAS3 expression was significantly associated with immunostaining patterns of p53 ($p = 0.003$) and p16 ($p = 0.006$), with higher DIRAS3 positivity observed in tumors exhibiting diffuse-type expression of p53 (85.7%) and p16 (75%).

Conclusion/Implications: This study underscores the significance of DIRAS3 expression in relation to aggressive tumor features such as serous histology. Findings suggest DIRAS3 may serve as a potential biomarker for identifying high-risk subtypes. The lack of association with classical pathological parameters highlights the added value of molecular profiling in clinical practice. DIRAS3 may have a mechanistic role in tumorigenesis and potential impact on immunotherapy response, which may inform personalized treatment strategies and refine risk stratification models.

EP201 / #539

Topic: AS06. Tumor Types / AS06c. Endometrial & Uterine Corpus Cancers

IMPACT OF SOCIODEMOGRAPHIC DISPARITIES ON PROGNOSIS IN ENDOMETRIAL CANCER: A HISTOPATHOLOGICAL AND CLINICAL STUDY FROM A LOW-MIDDLE INCOME COUNTRY

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Introduction: EC incidence and mortality is increasing globally, with worse outcomes in people of lower socio-economic status. This study investigated associations between sociodemographic factors, EC risk factors, and histological subtypes, as well as the impact of socio-demographic disparities on disease stage and prognosis in our setting.

Methods: This retrospective study reviewed EC patients referred to Greys Tertiary Hospital from January 1, 2020 to December 31, 2022. Descriptive variables were expressed as percentages and frequencies and Chi-Square analysis was used to assess associations, with a p value < 0.05 considered significant.

Results: We found a statistically significant correlation between socioeconomic status and FIGO stage at presentation (p=0.03). There was a significant correlation (p=0.009) between the type of endometrial cancer and the patient's residence. Statistically significantly more type 2 cancers were seen rural and semi-rural areas. An absolute weight of more than 100kg is an adverse patient related risk factor for developing endometrial cancer in settings like ours (p=0.03). Sixty percent of women aged 40-50 had a type 1 cancer whilst 72% above 60 had a type 2 cancer. Type 2 EC was predominant (68%) histopathological type affecting 75% of Asian and 65.2% of African women. Forty-two percent of patients presented with advanced disease. Carcinosarcoma contributed to more than half of type 2 cohort.

| Category | Frequency | Percentage |
|-----------|-----------|------------|
| Type 1 EC | 19 | 32.2% |
| Type 2 EC | 40 | 67.8% |

Conclusion/Implications: In addition to describing the histopathological and demographic characteristics of patients with EC in our setting, this is the first clinical study conducted in our country to confirm that sociodemographic disparities adversely affect prognosis.

EP202 / #453

Topic: AS06. *Tumor Types / AS06c. Endometrial & Uterine Corpus Cancers*

DEFINING THE ROLE OF OMENTAL SAMPLING IN CLINICAL STAGE 1 HIGH-GRADE ENDOMETRIAL CARCINOMA

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Introduction: The aim of this study was to assess the rate of omental metastasis in patients with clinical stage I serous, carcinosarcoma, clear cell, and undifferentiated endometrial carcinoma with otherwise normal-appearing omentum.

Methods: A retrospective cohort study was performed. All cases of newly diagnosed clinical stage I serous, carcinosarcoma, clear cell, and undifferentiated endometrial carcinoma undergoing primary surgery between 1/1/2020 and 12/31/2022 at our institution were identified. The method of omental sampling was obtained from operative reports, and final pathology reports were reviewed to evaluate omental involvement. Descriptive statistics were done.

Results: A total of 126 cases were identified: 79 (62.7%) serous, 34 (27.0%) carcinosarcoma, 10 (7.9%) clear cell, and 3 (2.4%) undifferentiated. A preoperative CT of the abdomen and pelvis was performed in 112 (88.9%) patients, an MRI in 5 (4.0%), a CT and an MRI in 7 (5.5%), and 2 (1.6%) cases did not have preoperative imaging. The surgical approach was open in 17 (13.5%) cases, laparoscopy in 18 (14.3%), and robotic-assisted laparoscopy in 91 (72.2%). An omental biopsy was performed in 110 (87.3%) patients, an infracolic omentectomy in 15 (11.9%), and a total omentectomy in 1 (0.8%). All omental samples were negative for metastasis. Peritoneal biopsies of normal-appearing peritoneum were taken in 20 (15.9%) cases, and 1 showed microscopic disease.

Conclusion/Implications: No disease was found in omental samples of patients with clinical stage I high-grade endometrial carcinoma. These data provide additional evidence to support what staging procedures should be mandated in these cases.

EP203 / #561

Topic: AS06. Tumor Types / AS06c. Endometrial & Uterine Corpus Cancers

ENGOT-EN20/GOG-3083/XPORT-EC-042 A PHASE 3, RANDOMIZED, PLACEBO-CONTROLLED, DOUBLE-BLIND, MULTICENTER TRIAL OF SELINEXOR IN MAINTENANCE THERAPY FOR PATIENTS WITH P53 WILD-TYPE, ADVANCED OR RECURRENT ENDOMETRIAL CARCINOMA

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Introduction: *TP53* is a recognized prognostic biomarker for endometrial cancer (EC). *TP53*wt is found in ~50% of advanced/recurrent EC tumors,

with *TP53*wt/mismatch repair proficient (pMMR) being a unique subgroup with significant unmet need to improve treatment outcomes. In ENGOT-EN5/GOG-3055/SIENDO (NCT03555422), preliminary analysis of a pre-specified exploratory subgroup of patients with *TP53*wt EC showed a strong progression-free survival (PFS) signal regardless of MMR status, with marked PFS benefit in *TP53*wt/pMMR.

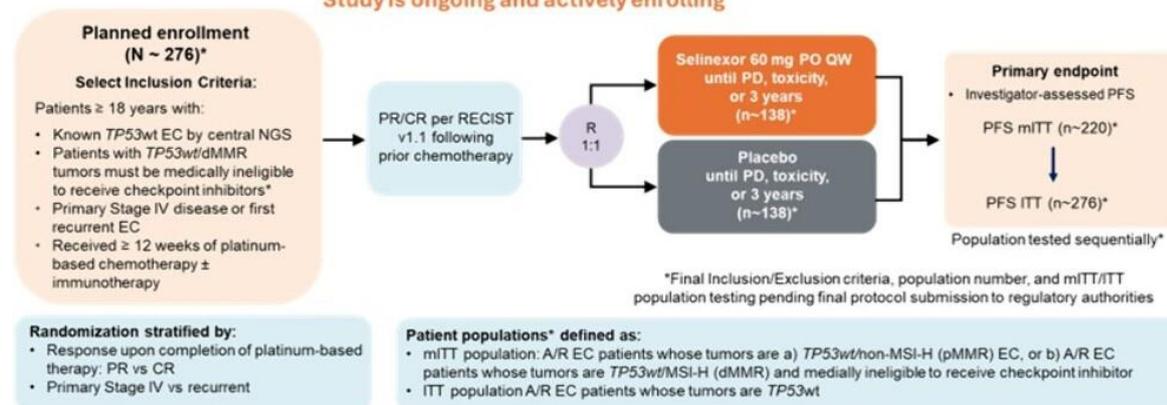
Methods: ENGOT-EN20/GOG-3083/XPORT-EC-042 (NCT05611931) is a phase 3 randomized, double-blind, placebo-controlled study evaluating efficacy and safety of selinexor as maintenance therapy in patients with *TP53*wt primary stage IV or recurrent EC, who achieved a partial or complete response per Response Evaluation Criteria in Solid Tumors (RECIST) v1.1 after completing at least 12 weeks of platinum combination chemotherapy±immunotherapy. Among other inclusion/exclusion criteria, eligible patients must be ≥18 years of age, have histologically confirmed EC, and *TP53*wt tumor confirmed by NGS sequencing. Patients with *TP53*wt/dMMR tumors must be medically ineligible to receive checkpoint inhibitors in the maintenance setting. Patients will be randomized 1:1 with selinexor 60mg or placebo once-weekly in 28-day cycles until progressive disease, toxicity, or 3-years if in complete response. Approximately 276 patients are to be enrolled globally. The primary endpoint is PFS (based on RECIST v1.1 criteria) and will be tested in *TP53*wt/pMMR and *TP53*wt/dMMR medically ineligible to receive checkpoint inhibitor populations. The key secondary endpoint is overall survival. Select secondary endpoints include safety assessments and PFS assessed by blinded independent central review.

Results: Current Trial Status: Patient enrollment is ongoing.

ENGOT-EN20/GOG-3083/XPORT-EC-042 (NCT05611931)

A Phase 3, Randomized, Placebo-controlled, Double-blind, Multicenter Trial of Selinexor in Maintenance Therapy After Systemic Therapy for Patients With p53 Wild-type, Advanced or Recurrent Endometrial Carcinoma (NCT05611931)^{1,2}

Study is ongoing and actively enrolling



CR, complete response; EC, endometrial cancer; NGS, next-generation sequencing; PFS, progression-free survival; PR, partial response; QW, once weekly; R, randomization; TFST, time to first subsequent therapy; *TP53*, tumor protein 53 gene; TSS1, time to second subsequent treatment; wt, wild-type

1. Karyopharm Press Release, February 19, 2025. 2. ClinicalTrials.gov. NCT05611931. <https://www.clinicaltrials.gov/ct2/show/NCT05611931>. Accessed February 1, 2024. ; 3. Karyopharm Data on File

Conclusion/Implications: Trial in progress.

EP204 / #724**Topic:** AS06. Tumor Types / AS06c. Endometrial & Uterine Corpus Cancers**A RETROSPECTIVE SINGLE CENTRE ANALYSIS ON THE SURVIVAL OUTCOMES OF STAGE III ENDOMETRIAL CARCINOMA**

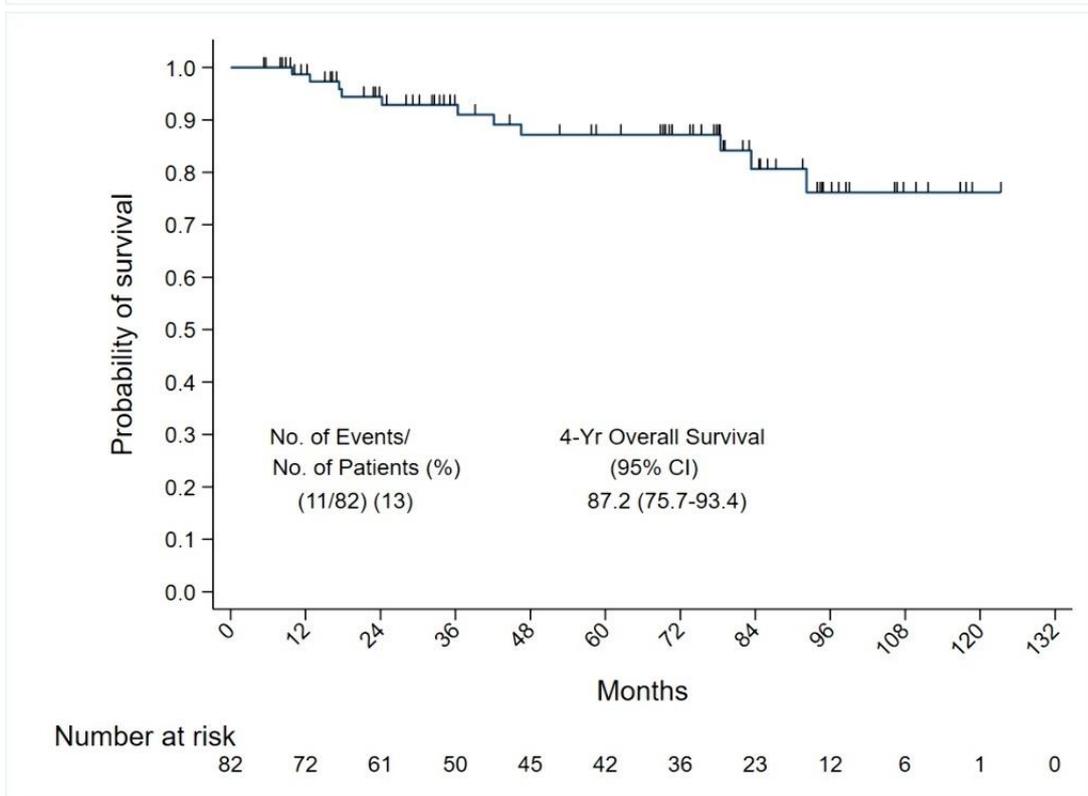
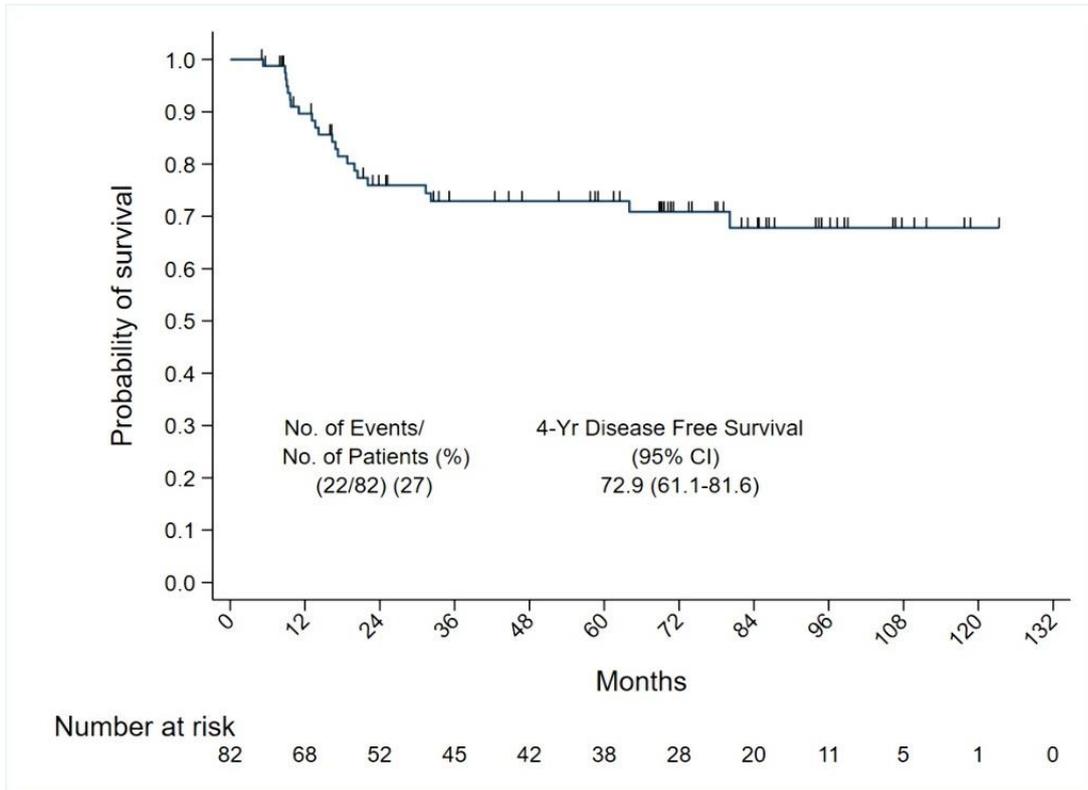
Athira Surendran¹, George Abraham¹, Sushmita Rath¹, Seema Gulia¹, Lavanya Naidu², Pabashi Poddar³, Santosh Menon⁴, Bharat Rekhi⁴, Kedar Deodhar⁴, Palak Popat⁵, Nilesh Sable⁵, Akshay Baheti⁵, Kannan M⁶, Shylasree T S³, Amita Maheshwari³, Supriya Chopra², Jaya Ghosh¹, Sudeep Gupta¹

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Introduction: Adjuvant chemoradiation and chemotherapy is the standard of care for stage III endometrial carcinoma.

Methods: This retrospective study examined stage III endometrial carcinoma patients treated from 2015–2018 at a single centre, prior to PORTEC-3. Institutional policy during this period was four cycles of paclitaxel and carboplatin followed by adjuvant radiotherapy without use of concurrent cisplatin.

Results: A total of 131 patients were included, with a median age of 58 years (range 30–83 years). Histological subtypes included endometrioid (67.2%), serous (19.8%), clear cell (4.5%) and mixed morphology (8.5%). 92.3% (n=121) underwent surgery total abdominal hysterectomy with bilateral salpingo-oophorectomy of whom 80 patients underwent lymphadenectomy and 40 patients also had omentectomy. Only adjuvant chemotherapy was received by 12.9% (n=17) whereas 3.8% (n=5) received only adjuvant radiotherapy. Data regarding adjuvant therapy was not available for 12.9% (n=17) patients. Four cycles of paclitaxel and carboplatin followed by radiotherapy was received by 62.5% (n=82) of patients. 93.9% completed chemotherapy and 97.6% completed radiation. Disease progression occurred in 22 patients, with recurrences in the vagina (2), peritoneum (5), pelvis (4), para-aortic nodes (10), and distant sites (14). At a median follow-up of 48 months, the DFS and OS of patients receiving adjuvant chemotherapy followed by radiotherapy was 72.9% (95% CI 61.1–81.6) and 87.2% (95% CI 75.7–93.4) respectively.



Conclusion/Implications: The use of four cycles of adjuvant chemotherapy followed by radiation, without concurrent cisplatin, yielded results comparable to those with concurrent cisplatin, although the sample size was small. This may be considered an option in elderly and frail patients, pending validation in prospective studies.

EP205 / #245**Topic:** AS06. Tumor Types / AS06c. Endometrial & Uterine Corpus Cancers**PROGNOSTIC IMPACT OF LYMPHOVASCULAR SPACE INVASION IN STAGE IA LOW GRADE ENDOMETRIOID ENDOMETRIAL CANCER**Yun Wang¹, Pernille Trent^{1,2}, Emilie Wang³, Gunn Dahl¹, Brynhildur Eyjólfsdóttir¹, Kjersti Lund⁴, Ane-Gerda Eriksson^{1,2}¹Oslo University Hospital, Norwegian Radium Hospital, Department Of Surgical Oncology Section Of Gynaecological Cancer,, Oslo, Norway, ²University of Oslo, Faculty Of Medicine, Institute Of Clinical Medicine, Oslo, Norway, ³Vestfold Hospital, Department Of Obstetrics And Gynecology, Tønsberg, Norway, ⁴Oslo University Hospital, Norwegian Radium Hospital, Department Of Radiology, Oslo, Norway

Introduction: FIGO stage I endometrioid endometrial cancer (EEC) with substantial lymphovascular space invasion (LVSI), regardless of grade and depth of myoinvasion, is classified as high-intermediate risk according to the 2021 ESGO-ESTRO-ESP guidelines. However, stage I EEC includes both low-risk group (G1/G2, stage IA), intermediate-group (G3 IA, G1/G2 IB) and high-risk group (G3, IB). The standard treatment for low-risk endometrial cancer in Norway is hysterectomy and bilateral salpingo-oophorectomy without lymph node staging. This study aimed to evaluate the prognostic significance of LVSI in low-risk EEC.

Methods: Patients with low-risk EEC on final pathology between 2006 and 2021 were identified in the institutional database. Progression-free survival (PFS) and disease-specific survival (DSS) were analyzed using Kaplan-Meier log-rank tests and cox regression models.

Results: Of 2357 cases, 744 met inclusion criteria (Table 1), LVSI was present in 55 (7.4%) patients. No patients received adjuvant treatment. Median follow-up was 79 ± 50 months, 7.4% recurred. The presence of LVSI was significantly associated with higher histologic grade. There was no statistically significant difference in recurrence rate (13% vs. 7%, $p=0.281$). A smaller proportion of LVSI-positive patients recurred in the vaginal vault ($p=0.002$). In multivariate analysis, histologic grade emerged as a significant independent predictor of both PFS ($p=0.013$) and DSS ($p=0.007$). Although LVSI was associated with poorer survival outcomes, it did not reach statistical significance for PFS ($p=0.186$) or DSS ($p=0.207$) (Table 2).

Table 1 Relation between clinical characteristics and LVSI of 744 patients

| | LVSI | | p |
|------------------------|---------------------|---------------------|-------|
| | No (n=689) n (%) | Yes (n=55) n (%) | |
| Age (years, mean ± SD) | 65 ± 11 | 66 ± 11 | 0.406 |
| ≤75 | 557 (81) | 46 (84) | 0.611 |
| >75 | 132 (19) | 9 (16) | |
| BMI (mean ± SD) | 29 ± 7 | 27 ± 6 | 0.064 |
| ≤30 | 409 (59) | 41 (75) | 0.027 |
| >30 | 280 (41) | 14 (26) | |
| Histologic grade | | | 0.025 |
| G1 | 499 (72) | 32 (58) | |
| G2 | 190 (28) | 23 (42) | |
| Lymph node staging | | | 0.341 |
| No | 445 (93) | 244 (91) | |
| Yes | 32 (7) | 23 (9) | |
| Recurrence | | | 0.281 |
| No | 641 (93) | 48 (87) | |
| Yes | 48 (7) | 7 (13) | |
| Site of recurrence | | | 0.002 |
| Vagina | 24 (50) | 1 (14.3) | |
| Pelvic | 5 (10) | 1 (14.3) | |
| Distance | 6 (13) | 1 (14.3) | |
| Isolated PA LN | 1 (2) | 1 (14.3) | |
| Isolated pelvic LN | 0 (0) | 1 (14.3) | |
| Multiple sites | 12 (25) | 2 (28.5) | |
| Final status | | | 0.13 |
| Alive without disease | 567 (82) | 43 (78) | |
| Alive with disease | 3 (0.4) | 0 (0) | |
| Dead of disease | 18 (2.6) | 3 (6) | |
| Dead of other reasons | 101 (16) | 9 (16) | |

LVSI: lymphovascular space invasion

Table 2 Risk factors for PFS and DSS in 744 patients in multivariate analysis

| Prognostic factors | PFS | | DSS | |
|--------------------|-------------------|-------|------------------|-------|
| | ORs (95% CI) | P | ORs (95% CI) | P |
| Histologic grade | | 0.013 | | 0.007 |
| G1 | 1.0 (reference) | | 1.0 (reference) | |
| G2 | 1.97 (1.15-3.36) | | 3.28 (1.38-7.81) | |
| LVSI | | 0.186 | | 0.207 |
| No | 1.0 (reference) | | 1.0 (reference) | |
| Yes | 1.71 (0.77-3.81) | | 2.21 (0.65-7.59) | |
| BMI | | | | 0.106 |
| Age (years) | 1.032 (1.01-1.06) | 0.015 | | |

LVSI: lymphovascular space invasion; PFS: Progression-free survival; DSS: Disease-specific survival

Conclusion/Implications: LVSI is associated with more aggressive disease characteristics in low-risk EEC, but it was not an independent predictor of survival outcomes.

EP206 / #778**Topic:** AS06. *Tumor Types / AS06c. Endometrial & Uterine Corpus Cancers***STUDY OF FATTY ACIDS PROMOTING LYMPHOVASCULAR SPACE INVASION IN ENDOMETRIAL CANCER THROUGH ITGB3-ICAM1-TRPV4 MEDIATING MECHANICAL CROSSTALK BETWEEN CANCER CELLS AND ENDOTHELIAL CELLS**

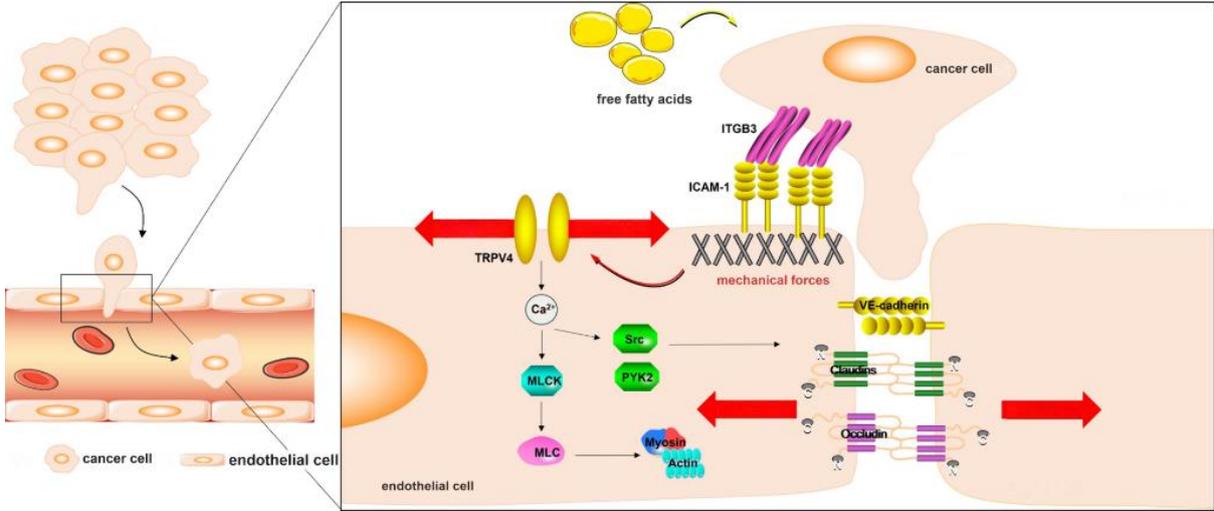
Jingyuan Wang, Xingchen Li, Jianliu Wang
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Introduction: Lymphovascular space invasion (LVSI) is a risk factor of endometrial cancer (EC), which tumor cells can transmigrate the endothelium. The aim is to explore the mechanism involved.

Methods: High-fat diet mice model was established, and the effect of dyslipidemia on the occurrence of LVSI was explored. The transcriptome sequencing technology was used. Electrophysiology and the fluorescein isothiocyanate-dextran permeability assay analysis were carried out. The membrane tension was detected by fluorescence lifetime technology.

Results: Dyslipidemia could promote the development of LVSI in mice. The transendothelial migration of EC cells was promoted by free fatty acids, which might be related to the upregulation of ITGB3. The expression of ITGB3 in EC cells was elevated to induce clustering of ICAM-1 to increase mechanical forces in endothelial plasma membrane, to activate the mechanosensitive cation channel TRPV4. Transendothelial migration of EC cells could be stimulated by GSK101, an activator of TRPV4, and this effect was not seen after knockdown of TRPV4 in endothelial cells. We then tested the potential involvement of TRPV4 in the induction of downstream signaling events. Application of EC cells had a significant effect on an increase of endothelial cytosolic Ca²⁺ concentration and the phosphorylation of tyrosine kinases sarcoma, protein tyrosine kinase 2 and the myosin light chain in endothelial cells, resulting in opening of the endothelial barrier and this effect was strongly inhibited after knockdown of TRPV4.

Conclusion/Implications: The mechanism of dyslipidemia to promote LVSI in EC may have association with TRPV4, activated by increased membrane tension induced by ICAM-1 clustering.



EP207 / #56

Topic: AS06. Tumor Types / AS06c. Endometrial & Uterine Corpus Cancers

GENETIC AND MOLECULAR LANDSCAPE OF UTERINE LEIOMYOSARCOMA AND ITS ASSOCIATION WITH LEIOMYOMA WITH BIZARRE NUCLEI

Jianjun Wei, Christopher Felicelli

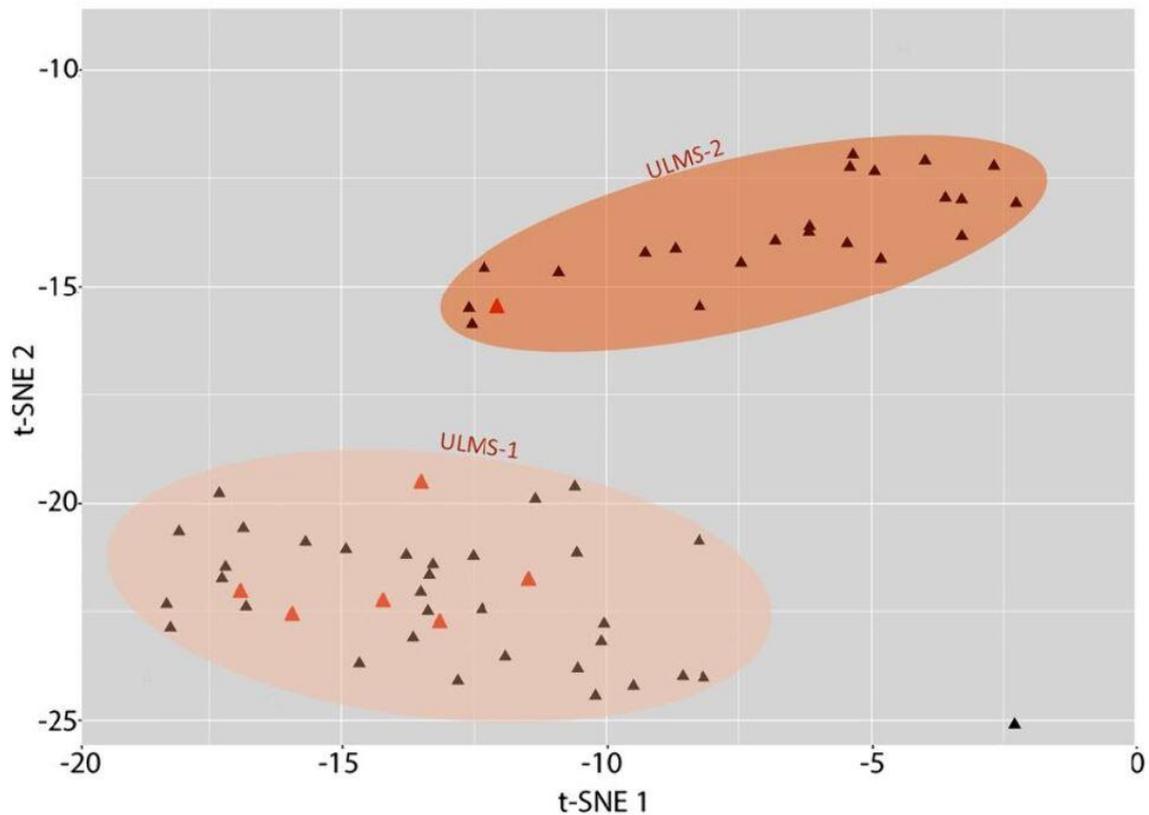
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Introduction: Leiomyosarcoma (LMS) is a deadly disease and DNA unstable tumor. Fumarate hydratase-deficient leiomyoma (FH-LM), leiomyoma with bizarre nuclei (LM-BN) and malignant leiomyosarcoma (LMS) share many histologic and molecular features. LM-BN is the primary tumor type and its association with LMS remainly unknown. In this study, we examined a large series of these tumors and our goal is to better understand the tumorigenesis of LMS.

Methods:

| tumor type | No Cases | Genotypes | Molecular Test | atypia type |
|------------------------|----------|---------------|---------------------------------|-------------|
| FH deficient LM | 33 | FH alteration | Mutations, CNA | I |
| LM-BN | 25 | unknown | CNA, WGS | II |
| LMS | 70 | unknown | CNA, WGS, GMP | II |
| LMS with LM-BN | 11 | unknown | CNA, WGS, spatial transcriptome | II |

Results:



Histologic analysis defines type I and II nuclear atypia (Table 1). Genomic analysis revealed low copy number alterations (CNA) in FH, but high CNA in LM-BN and LMS. LM-BN and LMS shared 84% (37/44) of CNA. Mutational profiling revealed shared oncogenic alterations in both LM-BN and LMS and additional mutations in LMS. Spatial transcriptomes defined uniquely expressed gene signatures in LM-BN and LMS. Global methylation profile define two distinct clusters of LMS and LMS with LM-BN fell into cluster 1. LMS clusters in association with LM-BN were summarized in Fig. 1

Conclusion/Implications: Our findings is the first time to define LM-BN a distinct variant of atypical smooth muscle tumor and a subset of LMS arises from an existing LM-BN with highly complex genomic alterations as potential high risks for disease progression. Accurate diagnosis of tumors with FH alterations from LM-BN is clinically important for LMS risk stratification.

EP208 / #397**Topic:** AS06. Tumor Types / AS06c. Endometrial & Uterine Corpus Cancers**DALPICICLIB COMBINED WITH NONSTEROIDAL AROMATASE INHIBITORS IN ESTROGEN RECEPTOR-POSITIVE RECURRENT/METASTATIC OVARIAN CANCER AND UTERINE NEOPLASMS: UPDATED RESULTS FROM A SINGLE-CENTER, SINGLE-ARM TRIAL**

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Introduction: Preliminary results of our trial (ChiCTR2000040597) showed that CDK4/6 inhibitor dalpiciclib combined with non-steroidal aromatase inhibitors (NSAIs) exhibited anti-tumor activity (12-week progression-free survival [12wPFS] rate=66.7%) and was well tolerated in patients (pts) with ER+ recurrent/metastatic (R/M) ovarian cancer and uterine neoplasms (SGO, 2024. Abstract #S283). Herein, we provide the updated data.

Methods: Pts with ER+, R/M ovarian cancer, uterine endometrioid carcinoma (EC), and uterine sarcoma were enrolled and received dalpiciclib and NSAIs. The primary endpoint was 12wPFS rate, and secondary endpoints were objective response rate (ORR), clinical benefit rate (CBR) and safety.

Results: As the data cutoff (Apr. 17th, 2025), 30 pts with a median of one prior therapy for advanced disease were enrolled, including 9 with low-grade serous ovarian carcinoma (LGSOC), 12 with uterine EC, 8 with low-grade endometrial stromal sarcoma (LGESS) and 1 with uterine leiomyosarcoma (LMS). Twenty-five pts had received ≥ 1 efficacy assessment, and 76.0% achieved 12wPFS. Detailed efficacy results are shown in Table 1. Grade 3-4 treatment-related adverse events occurred in 90.0% (27/30) of pts, including neutrophil count decreased (73.3%), white blood cell count decreased (43.3%) and platelet count decreased (16.7%). Nine pts experienced dose reductions of dalpiciclib, mostly due to hematologic toxicities. No serious adverse events or study-related deaths were reported. Sixteen pts were still on-treatment, among which 1 LGESS pt had been treated for >4 years.

Table 1. Detailed Efficacy Results of Evaluable Pts

| | Overall N=25 | LGSOC n=8 | EC n=8 | LGESS n=8 | LMS n=1 |
|--------------------------|-----------------|--------------|-------------|--------------|------------|
| 12wPFS rate | 76% (n=19) | 75% (n=6) | 62.5% (n=5) | 100% (n=8) | 0 (n=1) |
| Clinical Response | | | | | |
| Complete response (CR) | 0 (0%) | 0 (0%) | 0 (0%) | 0 (0%) | 0 (0%) |
| Partial response (PR) | 7 (28%) | 2 (25%) | 3 (37.5%) | 2 (25%) | 0 (0%) |
| Stable disease (SD) | 12 (48%) | 4 (50%) | 2 (25%) | 6 (75%) | 0 (0%) |
| SD≥24 weeks | 10 (40%) | 3 (37.5%) | 2 (25%) | 5 (62.5%) | 0 (0%) |
| Progressive disease (PD) | 6 (24%) | 2 (25%) | 3 (37.5%) | 0 (0%) | 1 (100%) |
| ORR (CR+PR) | 28% | 25% | 37.5% | 25% | 0% |
| CBR (CR+PR+SD≥24 weeks) | 68% | 62.5% | 62.5% | 87.5% | 0% |

Conclusion/Implications: Updated data maintain to show promising anti-tumor efficacy of dalpiciclib and NSAIs in ER+ R/M ovarian cancer and uterine neoplasms. No new safety signals have been observed.

EP209 / #1088**Topic:** AS06. *Tumor Types / AS06d. Ovarian Cancer***YOUNG AND OVERLOOKED; OVARIAN GERM CELL CANCER IN WEST AFRICA**

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Introduction: Globally, malignant ovarian germ cell tumors (OGCTs) are a rare, but typically curable form of malignant ovarian neoplasm. In sub-Saharan Africa, OGCT make up larger proportion of ovarian tumors in young women, but their prevalence, histopathology and outcomes remain poorly understood.

Methods: We conducted a retrospective analysis of patients with biopsy-confirmed malignant OGCTs presenting for evaluation at Komfo Anokye Teaching Hospital (KATH) in Ghana from 2013-2024. Demographic, clinical, and treatment data were extracted and analyzed (Table 1). Overall Survival (OS) analysis was determined using Kaplan-Meier methods.

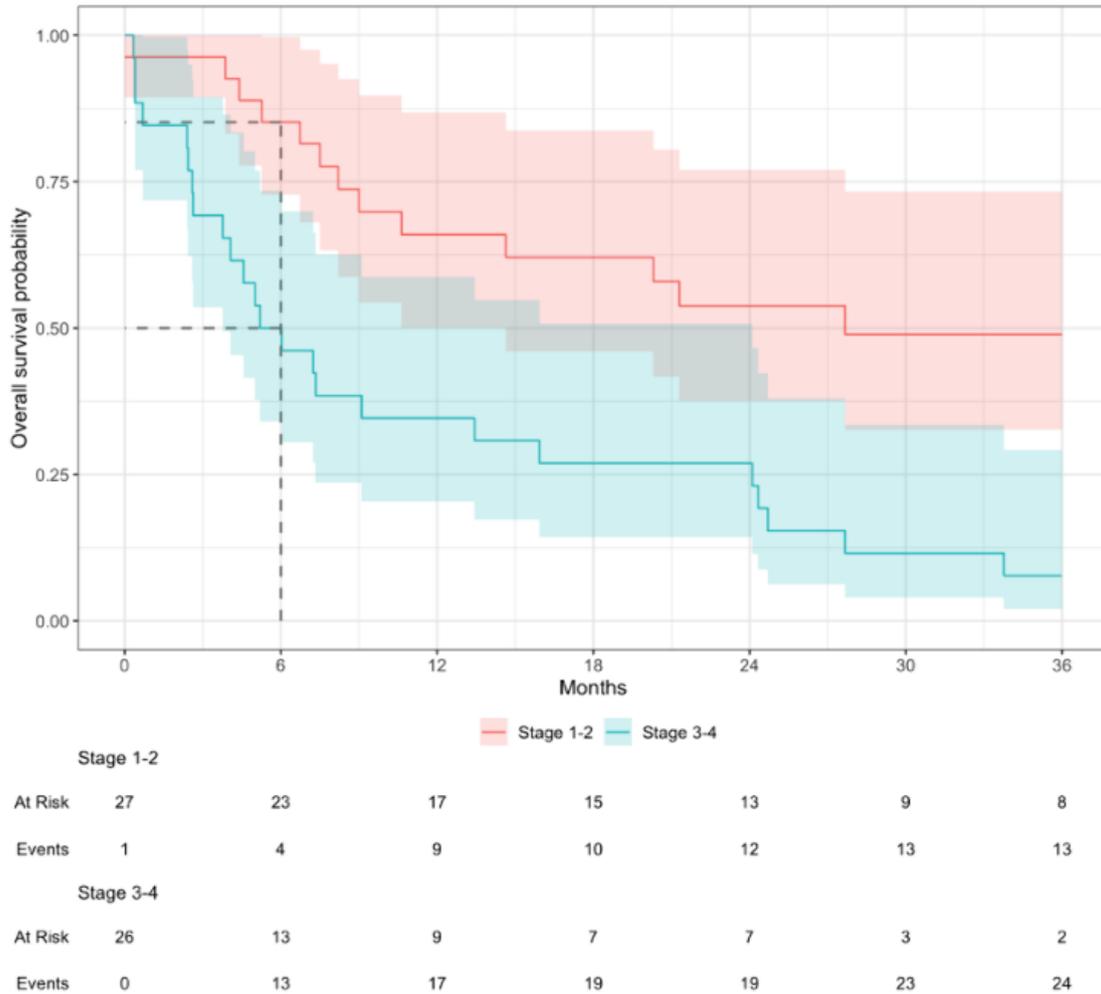
Results: Among 58 patients with OGCTs, median age was 22 years, 58.6% nulliparous and median BMI was 22.3 kg/m². Median follow-up was 10.6 months (IQR 5.6-27.7). The most common symptoms were abdominal distension (51.7%) and abdominopelvic mass (32.8%), with median symptom duration of 4 months. 51.4% presented with advanced-stage disease (FIGO III-IV). Yolk Sac Tumor (YST) was the most common histology (32.8%). Only 29.3% received chemotherapy, while 51.7% underwent cytoreductive surgery. Three-year OS was 27.3% for entire cohort (95% CI: 17.2–43.3%) was significantly worse for advanced-stage (7.7% [95%CI 2.0-29.1%]) versus early-stage (FIGO I-II) (48.9% [95%CI 32.6-73.3%]), (p<0.01). Among those who died, YST was the most common histology, while immature teratoma denominated survivors (35.7%).

Table 1: Baseline characteristics and outcomes of malignant ovarian germ cell cancer cohort

| Variable | Category | Total (n=58) N (%) |
|---------------------------------|--------------------------|-------------------------------------|
| Baseline Characteristics | | |
| Age (Median [IQR]) | | 22.0 years (15.4-44.5) |
| BMI (Median [IQR]) | | 22.3 kg/m ² (17.8-26.8) |
| Parity | Nulliparous | 34 (58.6) |
| | Primiparous | 6 (10.3) |
| | Multiparous | 18 (31.0) |
| Residence | Urban | 33 (56.9) |
| | Peri-urban | 9 (15.5) |
| | Rural | 16 (27.6) |
| Education level | None | 7 (12.1) |
| | Primary/Elementary | 21 (36.2) |
| | Junior/Senior High | 29 (50.0) |
| | Tertiary | 1 (1.7) |
| Main symptom | Abdominal distension | 30 (51.7) |
| | Abdominopelvic mass | 19 (32.8) |
| | Lower abdominal pain | 8 (13.8) |
| | Vaginal/rectal bleeding | 1 (1.7) |
| Symptom duration (Median [IQR]) | | 4.0 months (2.0-5.8) |
| Comorbidities | Cardiovascular | 6 (10.3) |
| | Pulmonary | 0 (0.0) |
| | Renal | 0 (0.0) |
| | Other | 0 (0.0) |
| | None | 52 (90.7) |
| Histology subtype | Yolk sac tumor | 19 (32.8) |
| | Mixed germ cell tumor | 15 (25.9) |
| | Dysgerminoma | 11 (19.0) |
| | Immature teratoma | 10 (17.2) |
| | Embryonal carcinoma | 2 (3.4) |
| | Struma ovarii | 1 (1.7) |
| FIGO Stage | Stage 1 | 25 (43.1) |
| | Stage 2 | 3 (5.2) |
| | Stage 3 | 14 (24.1) |
| | Stage 4 | 16 (27.6) |
| AFP (Median [IQR]) | | 39.85 ng/mL (3.4-803.6) |
| LDH (Median [IQR]) | | 336.0 u/L (214.0-521.0) |
| HCG (Median [IQR]) | | 6.2 miu u/mL (5.0-125.0) |
| Outcomes | | |
| Receipt of any chemo | Yes | 17 (29.3) |
| | No | 41 (70.7) |

BMI = Body Mass Index, FIGO = International Federal of Gynecology and Obstetrics, IQR = Interquartile range, LTFU = Lost to follow-up, N/A = Not applicable

Figure 1: Survival probability for individuals diagnosed with malignant germ cell ovarian cancer in Ghana from 2013-2024, by disease stage



Conclusion/Implications: In a West African cohort, most OGCT commonly presented in young patients with YST histology and poor survival despite surgery. Higher mortality and YST prevalence compared to high income settings highlight the need for early detection and improved access to care.

EP210 / #46

Topic: AS06. *Tumor Types / AS06d. Ovarian Cancer*

IMPACT OF DELAY IN CHEMOTHERAPY IN PATIENTS UNDERGOING INTERVAL CYTOREDUCTIVE SURGERY FOR ADVANCED OVARIAN CANCER: TIME IS EVERYTHING.

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Introduction: Neoadjuvant chemotherapy (NACT) followed by interval cytoreductive surgery (ICRS) offers a less morbid treatment for women with advanced ovarian cancer. Deviation from the chemotherapy schedule compromises outcomes.

Methods: A retrospective study done at Dr. Bhubaneswar Borooah Cancer Institute, TMC, Guwahati, India between 1st January 2020 to 31st December 2022. All women with advanced stage III disease who underwent 3 cycles of NACT followed by ICRS were included in the study. Delay was defined in two groups (i) Delay between the cycle 3 and cycle 4 > 8 weeks and (ii) Delay between cycle 1 and cycle 6 > 24 weeks. Recurrence free survival(RFS) and Overall survival(OS) was compared using Kaplan Meier estimates.

Results: A total of 77 patients were included in the study with median age of 48 years, 96% with high grade serous histology and 93% patients underwent optimal cytoreduction. Median time interval between C3 and C4 was 54 days. Median time interval between C1 and C6 was 150 days. The median RFS and OS was 21 months and 28 months. We observed delay in chemotherapy scheduling between C3 and C4 beyond 8 weeks was associated with a worse OS (p 0.008) whereas delay of greater than 24 weeks between C1 and C6 was associated with worse RFS (p 0.02) and worse OS (p 0.006).

Conclusion/Implications: Completion of the entire treatment cycle in advanced ovarian cancer undergoing ICRS within 24 weeks and limiting delay between pre surgery and first post-surgery adjuvant chemotherapy within 8 weeks ensures better overall survival.

EP211 / #685**Topic:** AS06. *Tumor Types / AS06d. Ovarian Cancer***PREVENTION OF BRCA/HRD-ASSOCIATED SECONDARY MALIGNANCIES WITH PARP INHIBITORS: A RETROSPECTIVE STUDY**

Rachel Beaudoin¹, Nissim Maxim Frija-Gruman¹, Emily Eiley¹, Lauren Lui¹, Angela Tatar², Melica Brodeur^{1,2}, Walter Gottlieb^{1,2}, Shannon Salvador^{1,2}, Jonathan Cools-Lartigue¹, Susie Lau², Kim Ma^{1,2}

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Introduction: Poly(ADP-ribose) polymerase inhibitors (PARPi) have transformed ovarian cancer (OC) treatment, especially in BRCA mutated patients (pts). While concerns about PARPi-related myeloid neoplasms exist, data, including the OLYMPIA trial, suggest PARPi reduce recurrence and secondary (2nd) malignancies in BRCA + pts. BRCA carriers have 30–60% lifetime risk of 2nd breast cancer (BC) and other non-breast cancers. This study examines whether PARPi use influences 2nd malignancy incidence in OC pts.

Methods: This retrospective cohort study includes OC pts treated with PARPi at the Jewish General Hospital between January 2020, and December 2024. Data were extracted from institutional electronic records. The primary outcome was the incidence of 2nd malignancies, stratified by BRCA/HRD status and corrected for mastectomy. Correlations between malignancy risk, BRCA status and PARPi exposure were evaluated.

Results: Among 146 pts treated with PARPi, 67 (45.9%) harbored BRCA mutations. Median duration of PARPi was 24.9 mo in BRCA + and 10.81 mo in BRCA - patients (HR 0.51; p=0.50). 2nd malignancies were identified in 3 BRCA + pts (4.5%), and 2 BRCA - pts (2.5%). Incidence of 2nd cancer in BRCA+ pts was lower than anticipated historical rates. Presence of BRCA was associated with 2nd cancer (HR 21.55, p<0.0001), despite BRCA+ pts undergoing more prophylactic mastectomies (HR 13.7; p<0.001).

Conclusion/Implications: This study suggests PARPi reduce incidence of 2nd malignancies in BRCA + OC pts, although 2nd cancer incidence appears high in both groups. This exploratory analysis informs future studies regarding treatment choice and long-term risk management.

EP212 / #1139**Topic:** AS06. Tumor Types / AS06d. Ovarian Cancer**VENOUS THROMBOEMBOLISM AMONG PATIENTS WITH OVARIAN CANCER:
TOWARD SAFE AND EFFECTIVE THROMBOPHYLAXIS**Yousra Tera¹, Maica Yunon¹, Regan Bucciol¹, Alexandra Stewart², Elena Park², Rania Chehade³, George Gray², Anita Agrawal², Maha Othman¹¹Queens University, Kingston, Canada, ²Kingston health sciences centre, Kingston, Canada, ³Kingston Health Sciences Centre, Medical Oncology, Kingston, Canada**Introduction:** Ovarian cancer (OC) carries one of the highest risks of venous thromboembolism (VTE) among solid tumors. VTE is a major contributor to morbidity and mortality. Despite this, optimizing risk prediction models to identify those who would benefit from thromboprophylaxis is lacking.**Methods:** Blood samples from 25 OC patients were tested prior to and after chemotherapy using thromboelastography (TEG) and complete blood counts (CBC). Patients were assessed for VTE risk factors (clinical, laboratory) and monitored for VTE events over six months. Correlation and regression analyses assessed associations between these factors, hypercoagulability, and VTE outcomes.**Results:** Cohort included 25 patients who received chemotherapy for ovarian cancer in the adjuvant (n= 17, 68%) or neoadjuvant setting (n=4, 16%) or both (n=4, 16%) ; mean age at diagnosis was 66 (42-84) and mean BMI 27.2 (18.3-45.6); the majority were high grade serous (n=21, 84%), presenting with stage III/IV (80%) OC. 5 (20%) were considered high risk based on Khorana score (KS). Compared to patients without OC, TEG study showed significantly increased hypercoagulability parameters including alpha angle, MA, and CI in OC patients pre- and post-chemotherapy. TEG-derived hypercoagulability showed strong associations with several CBC alterations before and after chemotherapy. 2 (8%) developed VTE; both were hypercoagulable based on TEG analysis and had Intermediate Risk (KS=2).**Conclusion/Implications:** Integrating TEG, KS, and routine hematological markers could significantly refine VTE risk prediction in OC. This strategy offers a promising path toward an OC-specific prediction model, paving the way for safer, more effective thromboprophylaxis.

EP213 / #1049

Topic: AS06. *Tumor Types / AS06d. Ovarian Cancer*

SCLEROSING STROMAL TUMOR OF THE OVARY: A RARE RETROSPECTIVE STUDY

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Introduction: Sclerosing stromal tumor (SST) of the ovary is a rare benign neoplasm, accounting for 2 to 6% of ovarian stromal tumors. It predominantly affects young women under the age of 30. SST is distinguished from fibromas and thecomas by the absence of endocrine manifestations and its distinct histological features.

Methods: We reviewed the medical records of patients followed at the Salah Azaiez Institute since 2000 for ovarian SST. Four patients were diagnosed. We analyzed their epidemiological, clinical, and histopathological characteristics.

Results: The patients were 16, 25, and 45 years old. Two presented with pelvic pain, while two reported abdominal distension. Clinical examinations and imaging revealed pelvic masses, with one case associated with ascites. Ultrasound and CT scans showed cystic and suspicious masses, with benign cytology results. All patients underwent adnexectomy, which confirmed the benign nature of the tumor. Histopathological analysis revealed an encapsulated stromal tumor with lobulated architecture and prominent pericytic vascularization.

Conclusion/Implications: Although rare, ovarian SST should be considered in young women presenting with ovarian masses. Its diagnosis relies on histopathological evaluation, which highlights distinct features such as lobulated architecture and characteristic vascularization.

EP214 / #467**Topic:** AS06. *Tumor Types / AS06d. Ovarian Cancer***RETROSPECTIVE ANALYSIS OF CLINICOPATHOLOGICAL FEATURES IN SECONDARY OVARIAN MALIGNANCIES FROM NON-GYNECOLOGIC PRIMARY SITES: A SINGLE-CENTER STUDY**

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Introduction: Background: Secondary ovarian malignancies (SOMs) from non-gynecologic primaries are rare and heterogeneous. Existing data are limited and old failing to reflect recent advancements in cancer demographics and diagnosis. **Purpose:** To evaluate the clinicopathological features of SOMs originating from non-gynecologic sites.

Methods: A retrospective analysis of 72 patients diagnosed with SOM at Tata Memorial Centre, India (January 2014–December 2021). Clinicopathological data were retrieved from electronic records and analyzed using descriptive statistics and IBM SPSS v24.0.

Results: Mean age at presentation was 43 years (SD 13). Common symptoms: abdominal pain (69.4%), lump (50%), ascites (20.8%). Imaging modalities including CT (83.3%), MRI (13.9%), PET-CT (9.7%) were utilized. 39 (54.2%) tumors were bilateral, with mean sizes of 6.9 cm (left) and 9.6 cm (right). Imaging suggested SOM in 21 (29.2%) cases. Upper GI endoscopy and colonoscopy were performed in 50% and 31.9%, respectively, detecting primaries in 27 (37.5%) cases. Most common histologies were signet ring cell carcinoma (41.7%) and adenocarcinoma (37.5%) with stomach (23.6%) and colorectum (22.22%) being primary sites. Median follow-up was 56 months. Median survival for Krukenberg tumors was 7.3 months vs. 9.6 months for other histologies ($p = 0.3$); Median survival for non-gastrointestinal primaries was 10.2 months compared to 7.3 months for gastrointestinal primaries ($p = 0.37$). Overall median survival was 9.6 months.

Conclusion/Implications: SOMs often evade early diagnosis despite modern imaging. Prognosis remains poor. Emphasis on early detection and tailored management strategies might be beneficial.

EP215 / #1056**Topic:** AS06. *Tumor Types / AS06d. Ovarian Cancer***HOPE IN EARLY DETECTION: OUTCOMES FROM A WEST AFRICAN COHORT**

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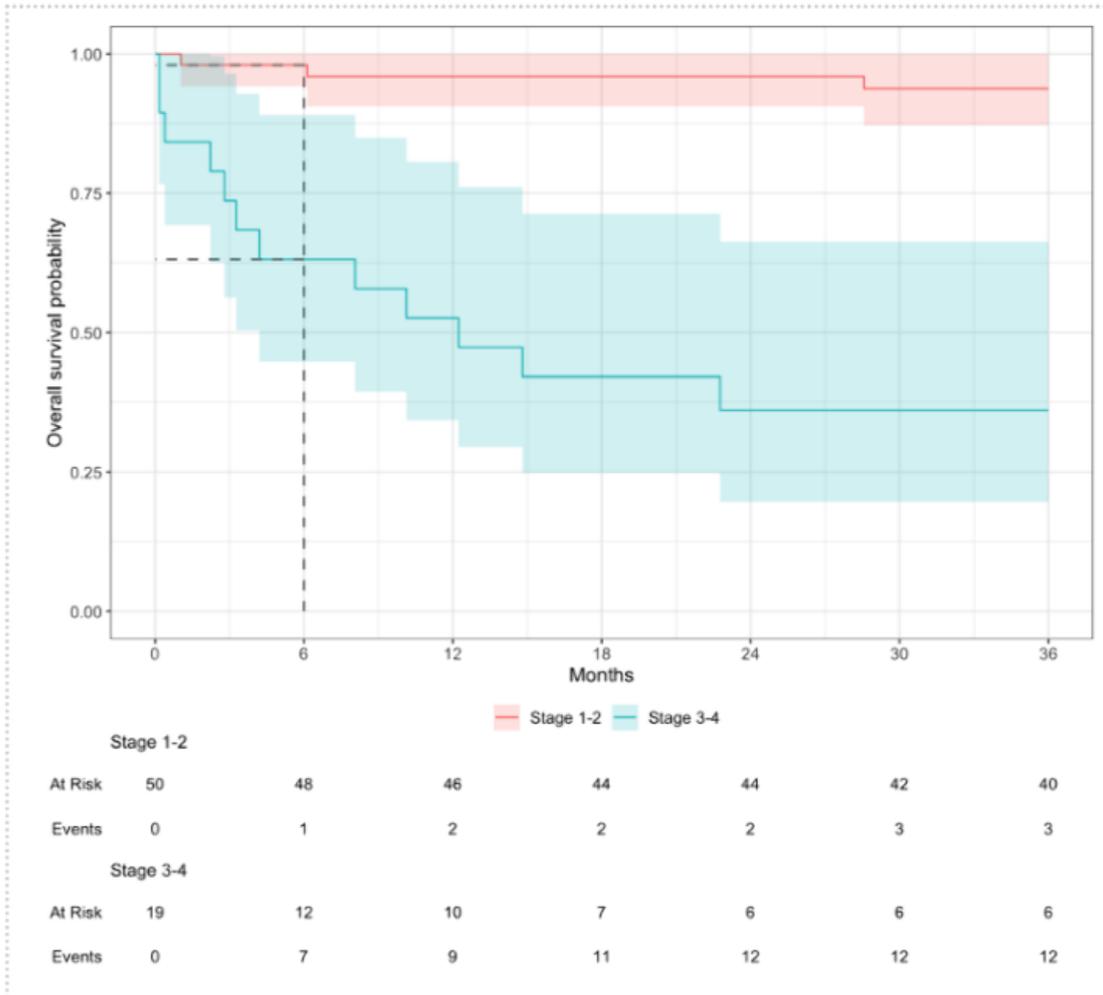
Introduction: Malignant sex cord-stromal tumors (SCSTs) are rare ovarian neoplasms, often presenting with hormone-related symptoms and indolent progression. While curable in early stages, outcomes in low-and middle-income countries remain understudied. This study describes clinical characteristics and outcomes at a tertiary center in West Africa.

Methods: We conducted a retrospective analysis of patients with biopsy-confirmed malignant SCSTs presenting for evaluation at Komfo Anokye Teaching Hospital (KATH) in Ghana from 2013–2024. Demographic, clinical, and treatment data were collected and analyzed. Overall survival (OS) was estimated using Kaplan-Meier methods.

Results: Among 71 patients with SCSTs, the median age was 46 years (IQR 35.0–59.5), median BMI was 24.5 kg/m². Most were multiparous (63.4%) and lived in urban areas (57.7%). Median follow-up was 58.5 months (IQR 17.8–88.9). Common presenting symptoms included abdominal distension (59.2%) and abdominopelvic mass (28.2%), with a median symptom duration of 6 months. Granulosa cell was the predominant histologic subtype (87.3%). Most patients (64.8%) presented with early-stage disease (FIGO I–II), although 22.5% had FIGO IV. Fifty-three percent underwent primary curative surgery and 19.7% received any chemotherapy (Table 1). Three-year OS was 77.7% (95% CI: 68.4–88.4%), and significantly higher in early-stage disease (93.8% [95% CI: 87.2–100.0%]) compared to advanced-stage (36.1% [95% CI: 19.7–66.3%], $p < 0.01$) (Figure 1).
Table 1. Baseline characteristics and outcomes of sex cord stromal ovarian cancer cohort

| Variable | Category | Sex Cord (n=71) N (%) |
|---------------------------------|--|-------------------------------------|
| Baseline Characteristics | | |
| Age (Median [IQR]) | | 46.0 years (35.0-59.5) |
| BMI (Median [IQR]) | | 24.53 kg/m ² (22.2-28.0) |
| Parity | Nulliparous | 17 (23.9) |
| | Primiparous | 9 (12.7) |
| | Multiparous | 45 (63.4) |
| Residence | Urban | 41 (57.7) |
| | Peri-urban | 9 (12.7) |
| | Rural | 21 (29.6) |
| Education level | None | 23 (32.4) |
| | Primary/Elementary | 25 (35.2) |
| | Junior/Senior High | 18 (25.4) |
| | Tertiary | 5 (7.0) |
| Main symptom | Abdominal distension | 42 (59.2) |
| | Abdominopelvic mass | 20 (28.2) |
| | Lower abdominal pain | 4 (5.6) |
| | Vaginal/rectal bleeding | 5 (7.0) |
| Symptom duration (Median [IQR]) | | 6.0 months (IQR 3.0-8.0) |
| Comorbidities | Cardiovascular | 14 (19.7) |
| | Pulmonary | 1 (1.4) |
| | Renal | 2 (2.8) |
| | Other | 1 (1.4) |
| | None | 54 (76.1) |
| Histology subtype | Granulosa cell | 62 (87.3) |
| | Fibrosarcoma | 3 (4.2) |
| | Sertoli-Leydig | 2 (2.8) |
| | Sex cord stromal (not otherwise specified) | 4 (4.2) |
| FIGO Stage | Stage 1 | 46 (64.8) |
| | Stage 2 | 4 (5.6) |
| | Stage 3 | 5 (7.0) |
| | Stage 4 | 16 (22.5) |
| Inhibin B (Median [IQR]) | | 126.0 (57.5-147.0) |
| Estrogen (Median [IQR]) | | 1166.0 (863.7-1215.8) |
| Testosterone (Median [IQR]) | | 5.9 (5.9-5.9) |
| Outcomes | | |
| Surgery Type | Primary debulking/curative | 38 (53.5) |
| | Interval debulking | 1 (1.4) |
| | Secondary debulking | 3 (4.2) |
| | Biopsy alone | 8 (11.3) |
| | N/A | 21 (29.6) |
| Receipt of any chemo | Yes | 13 (19.7) |
| | No | 58 (81.7) |

Figure 1. Three year survival probability for individuals diagnosed with sex cord stromal neoplasms in Ghana from 2013-2024, by early vs. late disease stage



Conclusion/Implications: In this West African cohort, most SCST patients presented with granulosa cell histology and early-stage disease, contributing to favorable survival outcomes. These findings highlight the prognostic benefit of early detection and curative surgery in resource-limited settings.

EP216 / #445**Topic:** AS06. *Tumor Types / AS06d. Ovarian Cancer***DIABETES INCREASES RISK OF LOW-GRADE SEROUS OVARIAN CARCINOMA BUT NOT THROUGH DIABETES-ASSOCIATED INFLAMMATORY DYSFUNCTION**Inga Chen^{1,2}, Michele Cummings¹, Diederick De Jong², Nicolas Orsi¹¹Leeds Institute of Medical Research, Women's Health Research Group, Leeds, United Kingdom, ²Leeds Cancer Centre, Department Of Gynaecologic Oncology, Leeds, United Kingdom**Introduction:** Diabetes is both a risk factor for ovarian cancer and linked to poorer clinical outcomes, independent of obesity. The underlying mechanism remains poorly understood. This study investigated the relationship between diabetes, circulatory inflammatory cell profiles and clinical outcomes for different histological subtypes of ovarian cancer.**Methods:** 340 patients undergoing surgery for advanced ovarian cancer at the Leeds Cancer Centre between 2016-2019 were identified. Age, histological type, cancer stage/grade, residual disease, BMI, diabetic status and primary or interval debulking surgery status (PDS/IDS) were collected from electronic health records, together with preoperative HbA1c, neutrophil, lymphocyte and platelet profiles. Survival analyses were performed using Cox-regression analysis and associations determined by using Kruskal-Wallis, Mann-Whitney *U*, Chi-Squared and Fisher's exact test.**Results:** There was a significant association between diabetes and low grade serous ovarian cancer (LGSOC). When considering all histological subtypes, the proportion of patients diagnosed with LGSOC was 23.3% in the diabetic cohort versus 6.9% in the non-diabetic cohort ($p < 0.01$). In patients undergoing PDS, neutrophil lymphocyte ratio (NLR) was significantly lower in LGSOC compared to respectively high grade serous ovarian cancer, mucinous and endometrioid subtypes. In the multivariate analysis (controlling for age, stage, and residual disease), NLR and platelet lymphocyte ratio were independently associated with a worse overall survival ($p < 0.001$ and $p < 0.05$).**Conclusion/Implications:** Whilst these findings confirm the significant association between diabetes and advanced LGSOC, patients with LGSOC had a paradoxically significantly lower NLR, suggesting that the putative diabetes-associated inflammatory dysfunction may not be the principal mechanism contributing to disease risk.

EP217 / #764**Topic:** AS06. *Tumor Types / AS06d. Ovarian Cancer***HEALTHCARE UTILIZATION AND TOXICITY BURDEN AMONG PATIENTS RECEIVING PARP INHIBITORS: A RETROSPECTIVE SINGLE-CENTER REVIEW**

Emily Eiley¹, Nissim Maxim Frija-Gruman¹, Rachel Beaudoin¹, Lauren Lui¹, Angela Tatar², Melica Brodeur^{1,2}, Walter Gottlieb^{1,2}, Shannon Salvador^{1,2}, Jonathan Cools-Latrigue¹, Susie Lau^{1,2}, Kim Ma^{1,2}

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Introduction: Poly (ADP-ribose) polymerase inhibitors (PARPi) have transformed ovarian cancer (OC) treatment, particularly in BRCA1/2-mutated patients (pts). While they offer therapeutic advantages, PARPi are toxic, and pose a growing demand on healthcare due to increased monitoring. This study characterizes the real-world impact of PARPi-related complications on healthcare utilization.

Methods: This retrospective study reviewed 146 OC pts treated with olaparib (O) or niraparib (N) between January 2020 and December 2024. Data were extracted from electronic health records and included treatment tolerance, transfusions, hospitalizations, and clinic visits. Descriptive statistics were used.

Results: 74 pts were treated with O (32 BRCA +) and 69 with N (4 BRCA +). BRCA + was associated with O use ($p < 0.001$). Dose delay occurred in 19.8%, and reduction in 43.8% of pts, with no correlation between O or N use. PARPi therapy interruptions occurred in 75.4% of N pts, mainly due to progression, and 21.6% of O pts. Hematologic abnormalities were frequent: anemia 18.9% O vs. 11.6% N, pancytopenia 1.4% O vs 26.1% N. Grade 3 anemia was more common with N, which was associated with increased transfusion needs ($p < 0.001$). 7 pts required admission due to PARPi toxicity. Clinic visits were similar with both O and N, averaging 2.03/month during PARPi duration.

Conclusion/Implications: While PARPi therapy is effective, it also imposes a burden with visit frequency and transfusion needs higher than indicated on trials. Current care models are physician-centric, but our findings underscore the need for increased supportive care for better early mitigation strategies.

EP218 / #396**Topic:** AS06. *Tumor Types / AS06d. Ovarian Cancer***TEMPORAL TRENDS OF SENTINEL LYMPH NODE BIOPSY AT OVARIAN CANCER SURGERY IN THE UNITED STATES.**

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Introduction: The real-world practice of sentinel lymph node biopsy for ovarian cancer remains understudied. The objective of this study was to assess the contemporaneous temporal trends of sentinel lymph node biopsy at surgery for early-stage ovarian cancer in the United States.

Methods: The National Cancer Institute's Surveillance, Epidemiology, and End Results Program was retrospectively queried. The study population included 4,230 patients with a diagnosis of ovarian cancer who had lymph node evaluation at surgery for the American Joint Commission on Cancer T1-2 classification from 2018-2021. Exclusion criteria included neoadjuvant chemotherapy, metastatic disease, no nodal evaluation, and secondary primary cancer. Linear segmented regression model was used to assess the temporal trends of sentinel lymph node biopsy using one-year increments.

Results: Sentinel lymph node biopsy was reported in 1.7% (95% confidence interval 1.3 to 2.1), of which the majority of sentinel lymph node biopsy were performed with additional lymphadenectomy (59.7%, 95% confidence interval 48.4 to 71.1). Over the 5-year study period, the performance of sentinel lymph node biopsy at lymph node evaluation increased nearly twofold from 1.3% in 2018 to 2.5% in 2022. Annual percentage increase rate was 15.4 (95% confidence interval -1.2 to 37.3, P-trend=.077). In 2022, the rate of sentinel lymph node biopsy alone without concurrent lymphadenectomy exceeded the rate of sentinel lymph node biopsy with concurrent lymphadenectomy.

Conclusion/Implications: This population-based assessment of real-world practice suggests that utilization of sentinel lymph node biopsy at lymph node evaluation for ovarian cancer may be gradually increasing in the United States.

EP219 / #551**Topic:** AS06. *Tumor Types / AS06d. Ovarian Cancer***REAL-WORLD TREATMENT PATTERNS OF PATIENTS WITH ADVANCED PLATINUM-RESISTANT AND PLATINUM-SENSITIVE OVARIAN CANCER WITHIN THE UNITED STATES: AN ANALYSIS OF SECONDARY DATA**

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Introduction: Despite therapeutic advances, patients with advanced ovarian cancer (aOC) commonly relapse, ultimately developing platinum-resistant OC (PROC)—platinum-resistant definitions vary by individual clinician/clinical context. There remains a paucity of real-world data regarding management of patients with PROC in the United States (US). This analysis utilized real-world data to examine treatment patterns of US patients with PROC and platinum-sensitive OC (PSOC).

Methods: Retrospective data were extracted from Adelphi Real World OC II Disease Specific Programme™, a cross-sectional survey of oncologists (n=57) and medical/gynecologic oncologists (n=13) in the US on patients who were receiving 2L (+) treatment for PROC or PSOC between Q3-2023 and Q1-2024. Physician-reported patient demographics, clinical characteristics, and treatment patterns were analyzed.

Results: Demographics/biomarker results were representative of the US aOC population (**Table 1**), although testing rates were low for PROC/PSOC. For 1L treatment, 68% of OC patients received a regimen containing platinum+taxane; 63% became platinum-resistant and 37% remained platinum-sensitive. Most common maintenance regimens were PARPi-containing (54%) and bevacizumab alone (39%). For 2L treatment, PROC patients primarily received non-platinum chemotherapy alone (34%), or in combination with bevacizumab (16%). Few PROC patients received platinum-based treatment in 2L (12%); platinum-containing regimens were most common in PSOC patients (51%).

Conclusion/Implications: Unlike PSOC, platinum-based treatment was rarely used in 2L for PROC. However, some PROC patients received platinum therapy, potentially due to limited alternatives. Treatment options for platinum-resistant patients remain an unmet need, and understanding why certain PROC patients are re-treated with platinum despite resistance is critical to optimize treatment strategies and improve outcomes in this population.

Table 1. Patient demographics and biomarker results

| N = Patients who were deemed to be PROC or PSOC | PROC (n=104)* | PSOC (n=61)* |
|---|--------------------------|-------------------------|
| Patient age at data collection, years Mean (standard deviation) | 62.1 (10.61) | 62.9 (8.45) |
| Patient ethnicity[†], n (%) | | |
| White | 59 (57) | 36 (59) |
| Black or African American | 36 (35) | 21 (34) |
| East or Southeast Asian | 6 (6) | 0 (0) |
| South Asian (Indian subcontinent) | 3 (3) | 2 (3) |
| South or Central American Native | 2 (2) | 0 (0) |
| Middle Eastern or North African | 0 (0) | 2 (3) |
| Disease stage, n (%) | | |
| Stage 3 | 52 (50) | 27 (44) |
| Stage 4 | 52 (50) | 34 (56) |
| Histological subtype, n (%) | | |
| Serous epithelial | 49 (47) | 38 (62) |
| Endometrioid epithelial | 21 (20) | 9 (15) |
| Clear cell epithelial | 14 (13) | 10 (16) |
| Mixed epithelial | 10 (10) | 1 (2) |
| Carcinosarcoma | 5 (5) | 3 (5) |
| Transitional cell (Brenner) | 4 (4) | 0 (0) |
| Undifferentiated carcinoma | 1 (1) | 0 (0) |
| FRα testing status, n (%) | | |
| Tested | 13 (12) | 1 (2) |
| Not tested | 91 (88) | 60 (98) |
| Whether an HRD test was conducted, n (%) | | |
| Yes | 21 (20) | 20 (33) |
| No | 76 (73) | 37 (61) |
| Don't know | 7 (7) | 4 (7) |
| Patient HRD status, n (%) | n=21 | n=20 |
| Positive | 5 | 5 |
| Negative | 16 | 15 |
| Whether BRCA1/2 tests were conducted outside of HRD, n (%) | | |
| Yes | 46 (44) | 35 (57) |
| No | 58 (56) | 26 (43) |
| Result of the most recent BRCA1/2 test, n (%) | n=46 | n=35 |
| Positive | 13 (28) | 6 (17) |
| Negative | 31 (67) | 29 (83) |
| Inconclusive/awaiting results | 2 (4) | 0 (0) |

*Unless stated otherwise

†Please note that ethnicity options were not mutually exclusive

EP220 / #480

Topic: AS06. *Tumor Types / AS06d. Ovarian Cancer*

MALPRACTICE IN OVARIAN CANCER: 100 YEARS OF EXPERIENCE IN THE UNITED STATES

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Introduction: Malpractice litigation has a large impact on medical practice in the United States. We sought to evaluate the nature of malpractice litigation related to the diagnosis and management of ovarian cancer.

Methods: Using a publicly available legal research website covering 99% of United States case law published through 2024, we performed a search for all precedential cases using terms “ovarian cancer” and “malpractice.” Of 172 opinions, 29 were related to ovarian cancer. Cases ranged from 1919-2021. We evaluated each case to determine jurisdiction, parties, holding, and financial awards.

Results: Thirteen cases (45%) were due to diagnosis delay, 3 (10%) pathology error, 3 (10%) surgical complications, 2 (7%) incorrect clinical diagnosis, 2 (7%) failure to order genetic testing, 2 (7%) consent issues, and 1 (3%) each due to failure to remove tissue, failure to advise of malignant potential, chemotherapy reaction, and delayed diagnosis of recurrence. For primary defendants, 19 (66%) were generalist gynecologists, 4 (14%) were gynecologic oncologists, and 2 (7%) each were pathologists, radiologists, and medical oncologists. Rulings were in favor of the plaintiffs in 16 cases (55%) and defendants in 13 cases (45%). The amount awarded ranged from \$250,000 to \$3.15 million.

Conclusion/Implications: Ovarian cancer-related malpractice trial litigation is rare, with the majority of cases filed against generalist gynecologists due to delayed diagnosis. While slightly more than half of cases were decided in favor of plaintiffs, financial awards were substantial. Understanding the nature and outcomes of malpractice litigation can help physicians and patients identify areas for improved communication.

EP221 / #510

Topic: AS06. *Tumor Types / AS06d. Ovarian Cancer*

A POTENTIAL BLIND SPOT FOR ANTIBODY-DRUG CONJUGATES TARGETING FOLATE RECEPTOR-1

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Introduction: We describe the prevalence of cataracts in patients treated with mirvetuximab-soravtansine-gynx (MIRV) for recurrent folate receptor 1+ high-grade serous ovarian cancer (HGSOC).

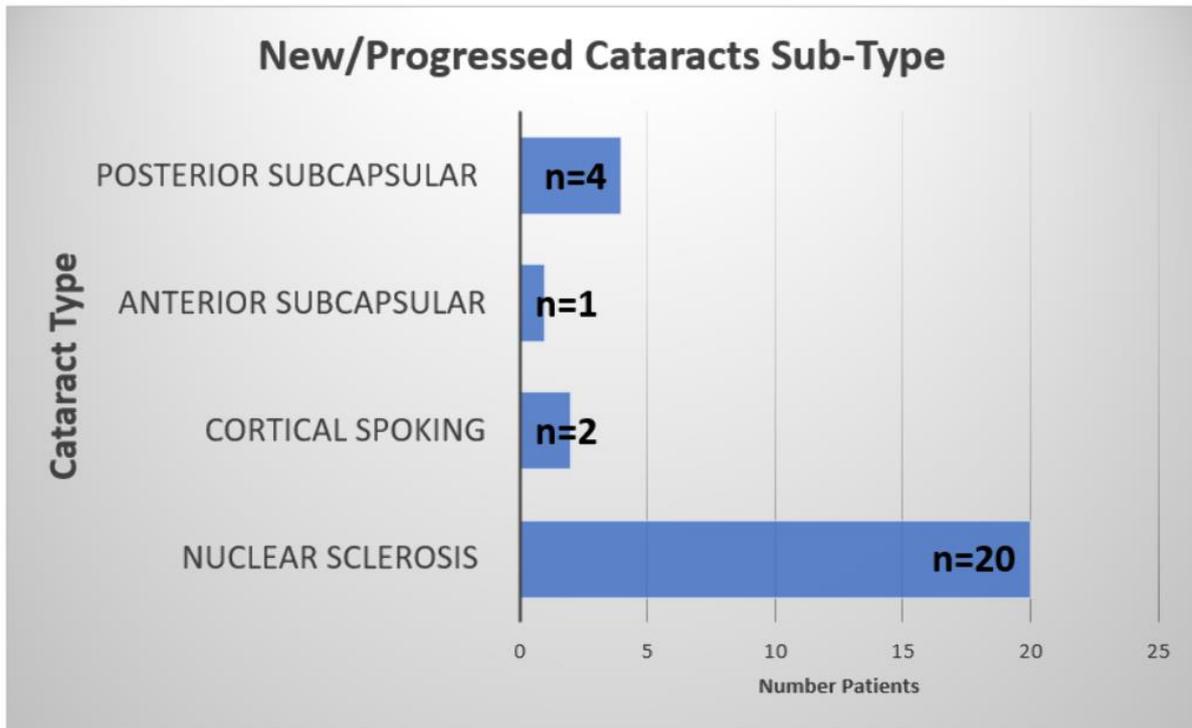
Methods: We identified patients who initiated MIRV between 2/2023 and 2/2025 and had baseline and ongoing ocular assessments at our institution. Patients received supportive ocular medications including ophthalmic corticosteroids as per MIRV U.S. Prescribing Information. Common Terminology Criteria for Adverse Events v5.0 was used to classify ocular toxicity. Cataracts were categorized as nuclear sclerosis, posterior subcapsular, anterior subcapsular, or cortical spoking and graded according to the Lens Opacities Classification System III.

Results: Of 107 patients identified, 72 (67.3%) had a diagnosed cataract. Median age at MIRV initiation was 66 years. Of the 72 patients, 23 (31.9%) developed new (n=15) or worsening (n=8) cataract(s) while receiving MIRV or within 8 months of discontinuation. Among 49 patients with pre-existing cataracts, 31 (63.3%) had grade 1/2 nuclear sclerosis that remained stable and 18 (36.7%) had prior bilateral pseudophakia. Patients with new/progressed cataracts received a median of 7 MIRV cycles (range, 2–17) prior to cataract diagnosis. The rate of non-cataract ocular toxicity was similar between patients who developed new/progressed cataracts versus those who did not (39.1% vs. 38.1%, $p=1$).

Table 1: Clinical Characteristics

| Characteristic | Overall (N=107) | New/Progressed Cataracts (N=23) | No new cataracts/progression (N=84) |
|--|-----------------|---------------------------------|-------------------------------------|
| Age (years) at MIRV initiation, median (range) | 66 (37-91) | 65 (54-79) | 66 (37-91) |
| Race - Number (%) | | | |
| Asian | 17 (15.9) | 6 (26.1) | 11 (13.1) |
| Black | 8 (7.5) | 0 (0.0) | 8 (9.5) |
| White | 70 (65.4) | 14 (60.9) | 56 (66.7) |
| Other | 5 (4.7) | 1 (4.5) | 4 (4.8) |
| Not reported | 7 (6.5) | 2 (8.7) | 5 (6.0) |
| Diabetes Mellitus - Number (%) | 6 (5.6) | 3 (13.0) | 3 (3.6) |
| # Cycles of MIRV, median (range) | 6 (1-29) | 8 (4-29) | 5 (1-16) |
| Duration (months) of ophthalmology follow up, median (range) | 4.2 (0-25.4) | 8.5 (1.5-25.4) | 3.3 (0-21.6) |
| Prophylactic ophthalmic corticosteroids received - Number (%) | 107 (100.0) | 23 (100.0) | 84 (100.0) |
| Ocular Toxicity - Number (%) | 41 (38.3) | 9 (39.1) | 32 (38.1) |
| Keratopathy | 34 (31.8) | 7 (30.4) | 27 (32.1) |
| Blurred vision | 7 (6.5) | 2 (8.7) | 5 (6.0) |
| Ocular Toxicity Grade - Number (%) n= for each group | 41 (38.3) | 9 (39.1) | 32 (38.1) |
| Grade 1/2 | 39 (95.1) | 9 (100) | 30 (93.8) |
| Grade 3/4 | 2 (4.9) | 0 (0.0) | 2 (6.3) |

Figure 1: Cataract Details*



*n=4 patients had >1 cataract type.

Conclusion/Implications: To our knowledge, accelerated development of cataracts in patients with recurrent HGSOE treated with MIRV and prophylactic ophthalmic corticosteroids has not been previously documented as an ocular event. This finding highlights the importance of close ophthalmologic care during and after MIRV therapy. Ongoing studies are needed to evaluate the optimal ophthalmic prophylaxis supportive strategy.

EP222 / #492**Topic:** AS06. *Tumor Types / AS06d. Ovarian Cancer***POST-OPERATIVE HORMONAL THERAPY VERSUS CHEMOTHERAPY IN STAGE II-IV LOW-GRADE SEROUS OVARIAN CARCINOMA: A TWO-CENTRE RETROSPECTIVE ANALYSIS**

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Introduction: Low-grade serous ovarian carcinoma (LGSOC) is often chemotherapy resistant and hormone receptor-positive. While hormonal therapy (HT) is recommended in relapsed disease, its role as first-line post-operative treatment remains underexplored.

Methods: We conducted a retrospective analysis of 44 patients with stage II-IV LGSOC treated from 2015 onwards at two London centres. Five patients receiving neoadjuvant chemotherapy and three without surgery were excluded. Outcomes were compared between those receiving post-operative HT versus chemotherapy.

Results: Of 36 patients, 30 received HT and 6 chemotherapy ± bevacizumab. Median follow-up was 47 months. Nine patients progressed: 5/30 (17%) in the HT group (mPFS 15 months [3.1, 30.1]) and 4/6 (67%) in the chemotherapy group (mPFS 8.5 months [2.5, 16]). Three deaths occurred in the HT group (mOS 58 months) and one in the chemotherapy group (mOS 55 months). No patients with stage II disease (n=2) progressed. In stage III disease (n=20), 1/16 receiving HT and 1/4 on chemotherapy progressed. In stage IV (n=14), 5/12 HT-treated and 2/2 chemotherapy-treated patients progressed. Among 16 patients followed up for >5 years, 2/12 HT-treated and 2/4 chemotherapy-treated patients progressed. Residual disease strongly predicted relapse: 5/8 with residual progressed (3/6 HT, 2/2 chemotherapy) vs 4/28 with no visible residual (3/24 HT, 1/4 chemotherapy). All patients who progressed on HT and received second-line chemotherapy subsequently progressed.

Conclusion/Implications: Post-operative HT was associated with fewer progressions, supporting the use of HT as a first-line option in selected patients given its favourable tolerability profile. This analysis supports prospective validation with results of the NRG-019 trial eagerly anticipated.

EP223 / #283**Topic:** AS06. *Tumor Types / AS06d. Ovarian Cancer***DOES AGE IMPACT TREATMENT DECISIONS IN PLATINUM RESISTANT OVARIAN CANCER?**Karina Gomez¹, Chelsea Stewart², Alexandra Smick¹, Beth Karlan¹, Dana Chase¹¹University of California Los Angeles, Los Angeles, United States of America, ²University of Tennessee Health Science Center College of Medicine, Memphis, United States of America**Introduction:** Data suggest that elderly ovarian cancer patients have a worse prognosis, yet optimal treatment of these patients remains an unmet need. This study evaluated treatment patterns, tolerability, and outcomes in older versus younger patients with platinum-resistant ovarian cancer (PROC).**Methods:** A retrospective chart review was conducted on PROC patients treated at a tertiary academic center (2020–2024). Data included demographics, disease characteristics, treatment history, toxicities, and overall survival. Patients were grouped by age at platinum resistance (≤ 70 vs > 70 years). Statistical analysis used two-tailed t-tests.**Results:** Of 89 patients treated, 49 were > 70 years and 40 were ≤ 70 . Most were Non-Hispanic White (72%). No significant differences were observed between groups in time to platinum resistance from diagnosis (2.60 vs 2.59 years, $P=0.98$), number of prior therapies (2.35 vs 1.91, $P=0.08$), first-line cycles (4.38 vs 4.22, $P=0.84$), toxicity scores (5.87 vs 5.51, $P=0.67$), or ECOG scores. Post-resistance survival was significantly shorter in patients > 70 (0.76 vs 1.45 years, $P=0.04$). While ~30% in each group required multiple lines of therapy, older patients received fewer lines (1.9 vs 2.5, $P=0.03$). Use of single vs multi-agent regimens (\pm bevacizumab) and treatment modifications (delays/reductions) were similar. Among FOLR+ patients, mirvetuximab use was lower in older patients (30% vs 100%).**Conclusion/Implications:** Despite similar treatment patterns, performance status, and toxicity, older PROC patients had shorter post-resistance survival. Differences in targeted therapy use may reflect access or approval timing. Understanding biological differences in treatment response in older patients could inform more tailored treatment approaches.

EP224 / #913

Topic: AS06. *Tumor Types / AS06d. Ovarian Cancer*

THE TREATMENT OF PATIENTS WITH ADVANCED OVARIAN CANCER USING CYTO-REDUCTIVE SURGERY (CRS) AND HYPERTHERMIC INTRA-PERITONEAL CHEMOTHERAPY (HIPEC): A SOUTH AFRICAN CASE SERIES

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Introduction: Treatment of Stage 3 epithelial ovarian cancers (EOC) has been a CRS and 6 cycles of platinum based chemotherapy. Recent studies have shown a benefit to survival when adding HIPEC. HIPEC is the addition of heated cisplatin to the abdominal cavity during surgery. It is a treatment option for patients with Stage 3 EOC post neo-adjuvant chemotherapy, but has not been practised in South Africa.

Methods: This case series occurred in Durban, South Africa from 2019 to 2024. Patients eligible for HIPEC, were counselled that this therapy was optional intervention. Those who provided informed written informed consent went on to receive HIPEC.

Results: 133 patients underwent CRS for stage 3 EOC. Of those, 99 had CRS only and 34 had HIPEC (CRS/HIPEC) added to their surgical treatment. There was no difference in age, racial distribution or BMI. Histology profiles were similar with the commonest histological epithelial cancer subtype being serous (53.5% and 47.1% respectively). Mean PCI was similar (10.2 and 8.8 respectively). Common additional procedures included peritonectomy, appendicectomy, rectal stripping, colo-rectal resection and diaphragm stripping. CRS/HIPEC patients had a higher rate of blood transfusion (67.6% vs 49.5%), post-operative ileus (64.7% vs 52.5%) and longer mean surgical time (7.4 hours vs 4.8 hours) . Mean hospital stay was similar (8.3 days vs 7.8 days respectively). No per-operative mortalities occurred.

Conclusion/Implications: Addition of HIPEC showed no major difference in surgical morbidity despite similar patient profiles had similar clinico-pathological profiles and seems to be a reasonable treatment option which should be further investigated in a South African setting.

EP225 / #835

Topic: AS06. Tumor Types / AS06d. Ovarian Cancer

COMPREHENSIVE MOLECULAR CHARACTERIZATION OF OVARIAN CANCER: INTEGRATED ANALYSIS OF GENOMIC, HORMONAL, AND IMMUNOLOGIC BIOMARKERS ACROSS TUMOR GRADES AND SUBTYPES

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Introduction: Ovarian cancer exhibits molecular heterogeneity. NGS-based profiling enables identification of actionable and emerging biomarkers to inform targeted therapy.

Methods: Molecular profiling of 290 ovarian tumor samples was performed at Datar Cancer Genetics. Median age was 57 years (range 20–83). Clinical and histopathological data were integrated to correlate molecular features with tumor subtype and grade. Hormone receptor status and immunogenomic biomarkers were assessed in a subset.

Results: Histologic subtypes included serous carcinoma (n=216), mucinous (n=10), endometrioid (n=9), clear cell (n=8), and others (n=47). Tumor grade was available in 189 samples. Table 1. Top Altered Genes in High-Grade vs. Low-Grade Tumors

| Gene | High grade (n=158) | Low grade (n=31) | Total (n=290) |
|--------|--------------------|------------------|---------------|
| TP53 | 74.1% | 54.8% | 65.2% |
| PIK3CA | 16.5% | 19.4% | 18.3% |
| MYC | 16.5% | 3.2% | 13.8% |
| BRCA1 | 16.5% | 3.2% | 14.5% |
| KRAS | 10.1% | 32.3% | 13.1% |
| BRAF | 5.1% | 3.2% | 4.1% |
| ARID1A | 3.8% | 3.2% | 4.1% |
| PTEN | 3.8% | 9.7% | 3.8% |

Downstream analysis was conducted to classify altered genes according to ESCAT categories.

Table 2: Distribution of ESCAT Tier Classifications

| ESCAT TIER | Occurrence (%) |
|------------|----------------|
| IA | 17.6% |
| IC | 1.4% |
| IIA | 1.4% |
| IIIA | 35.2% |
| IIIB | 16.9% |
| IVA | 66.9% |
| IVB | 7.6% |
| X | 47.9% |

Among evaluated subsets, ER positivity was in 81.5%, PR in 58.8%, and HER2 in 7.4%. *PD-L1* positivity was in 21% cases (n=113), MSI-H in 1% (n=105), and TMB-H (≥ 10 muts/Mb) in 20% (n=130), indicating potential response to ICIs. HRD positivity was in 17% (n=58), indicating potential candidates for PARPi.

Conclusion/Implications: This integrative analysis reveals the genetic and molecular heterogeneity of ovarian cancer, highlighting pathways and biomarkers that may refine classification and guide personalized therapy.

EP226 / #975**Topic:** AS06. Tumor Types / AS06d. Ovarian Cancer**GA-68 FAPI PET/CT VS. FDG PET/CT IN STAGING AND RESTAGING OF OVARIAN CANCER: A COMPARATIVE ANALYSIS OF 38 PATIENTS**Prathap H¹, Vishwanath Joshi², Somashekar P³, Namita Verma⁴, Vijay Ahuja⁵

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Introduction: Accurate staging in ovarian cancer is crucial for therapeutic planning. FDG PET/CT is routinely used but often underestimates peritoneal disease due to physiological bowel uptake and low FDG avidity in certain lesions. Ga-68 FAPI PET/CT targets fibroblast activation protein expressed in the tumor stroma and has shown potential in improving lesion detection, especially in peritoneal carcinomatosis.

Methods: In this prospective observational study, 38 patients with histologically confirmed ovarian carcinoma underwent both FDG PET/CT and Ga-68 FAPI PET/CT within one week. Imaging parameters analyzed included: Lesion SUVmax Visual scoring of lesion number and size Peritoneal Cancer Index (PCI) Sensitivity for peritoneal metastases Impact on staging and treatment decisions Final staging and PCI were verified based on surgical and pathological findings. Statistical comparison between modalities was performed using paired analyses.

Results: Lesion Detection: FAPI PET/CT detected a higher number of lesions than FDG PET/CT, with superior visual conspicuity, especially in the peritoneal cavity. **SUVmax:** Mean SUVmax was significantly higher in FAPI-avid lesions (FAPI 11.6 vs FDG 6.2, $p < 0.001$). **PCI Score:** Median PCI was **8** for FAPI and **6** for FDG PET/CT ($p = 0.012$), with FAPI scores aligning more closely with intraoperative findings. **Sensitivity:** FAPI-PET/CT demonstrated a higher sensitivity for peritoneal metastases (**93%**) compared to FDG PET/CT (**84%**) ($p = 0.045$). **Staging Impact:** FAPI PET/CT led to upstaging in **6 out of 38 patients (15.8%)**, with potential implications on treatment planning.

Conclusion/Implications: Ga-68 FAPI PET/CT is superior to FDG PET/CT for detecting peritoneal metastases in ovarian cancer, showing improved lesion uptake, higher sensitivity, and better correlation with surgical PCI.

EP227 / #508

Topic: AS06. *Tumor Types / AS06d. Ovarian Cancer*

SECONDARY CYTOREDUCTION- AN ENIGMA

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Introduction: About 80% ovarian cancer patients relapse following optimal cytoreduction(CRS) and chemotherapy with 10 yr survival being< 15%.There has been a historical debate continues regarding treatment following relapse in platinum sensitive disease and any role of secondary CRS.The objective of this retrospective study was to evaluate the short term and oncological outcomes of patients undergoing secondary cytoreductive surgery at our institute

Methods: We reviewed our hospital records online. 47 histological and biochemical relapsed ovarian cancer patients were operated between April 2017 and December 2024.The selection criteria was; platinum sensitivity , AGO DESKTOP III criteria, ECOG 0-2, no ascites and a previous complete cytoreduction. Progression free survival (PFS) was calculated from the date of surgery to the date of recurrence/ death, whichever is the earliest, or upto 31-12-2024 in patients without evidence of recurrent disease. Post recurrence survival (PRS) was calculated as the total survival from the date of recurrence/ death or until 31-12-2024 whichever is earliest.

Results: The mean disease free survival in the current study was close to 2 years(20.51months) following secondary CRS and adjuvant platinum chemotherapy. A longer follow up is required to assess the overall survival.

Conclusion/Implications: 1. PRS trends towards worse in the primary group though not statistically significant. HR 1.73 (0.87-3.4; 95% CI) 2. No significant difference in PFS in both groups. HR 0.98 (0.52-1.8; 95%CI) 3. Missing survival data of 16% patients warrants caution in interpretation 4. Number in interval group is small to derive any survival benefit

EP228 / #371**Topic:** AS06. Tumor Types / AS06d. Ovarian Cancer**AVUTOMETINIB + DEFACTINIB IN RECURRENT LOW-GRADE SEROUS OVARIAN CANCER (LGSOC): A PHASE 2 STUDY IN JAPANESE PATIENTS**

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¹The Jikei University School of Medicine, Tokyo, Japan, ²Tohoku University Hospital, Miyagi, Japan, ³Mie University, Tsu, Japan, ⁴Kurume University Hospital, Kurume, Japan, ⁵Aichi Prefectural Cancer Center, Nagoya City, Japan, ⁶Verastem Oncology, Needham, United States of America

Introduction: In a phase 2 study conducted in the United States and Europe (RAMP 201), avutometinib (RAF/MEK clamp) + defactinib (FAK inhibitor) demonstrated a 31% ORR in recurrent LGSOC; median time to response, 3.7 months (range, 1.7–19.2). This phase 2 study (RAMP 201J) is designed to evaluate the efficacy, pharmacokinetics, and safety of avutometinib and defactinib in Japanese patients with recurrent LGSOC.

Methods: Patients with recurrent LGSOC who progressed on prior platinum-based chemotherapy received avutometinib 3.2 mg twice weekly + defactinib 200 mg twice daily for the first 3 weeks of each 4-week cycle. The primary endpoint is ORR by blinded independent central review.

Results: At data extract (April 11, 2025), 9 patients were enrolled; median treatment duration, 3 months (range, 1–5); median age, 47 years (range, 31–70); all ECOG PS=0; 5/9 KRAS mt; 6/9 ≥4 prior therapies. No dose-limiting toxicities occurred amongst 6 patients enrolled and reviewed for safety dose confirmation. The most frequent treatment-related adverse events (n=9) were increased creatine phosphokinase (89%), rash (78%), and peripheral edema (56%). Grade ≥3 treatment-related adverse events were rash (n=2), increased creatine phosphokinase (1), and hypoalbuminemia (1). Systemic exposures (AUC and C_{max}; n=6) of avutometinib, defactinib, and the two major defactinib metabolites were comparable to RAMP 201. Data were not mature to evaluate response rate.

Conclusion/Implications: The preliminary safety and pharmacokinetic profiles of avutometinib and defactinib in Japanese patients appear generally comparable with those observed in the larger RAMP 201 population. Efficacy, updated safety, and pharmacokinetics will be presented.

EP229 / #967**Topic:** AS06. *Tumor Types / AS06d. Ovarian Cancer***REVISITING INTRAPERITONEAL CHEMOTHERAPY IN ADVANCED HIGH-GRADE SEROUS OVARIAN CANCER**Joshua Cheruvathur¹, [Gabriel Levin](#)², Reitan Ribeiro², Florentin Racovitan¹, Joanne Power², Xing Zeng², John Sampalis^{3,4}, Lucy Gilbert^{1,2,5}¹Research Institute of the McGill University Health Centre, Women's Health Research Unit, Montreal, Canada, ²McGill University Health Centre, Division Of Gynecologic Oncology, Montreal, Canada, ³McGill University, Department Of Surgery, Montreal, Canada, ⁴JSS Medical Research, Montreal, Canada, ⁵McGill University, Gerald Bronfman Department Of Oncology, Montreal, Canada**Introduction:** To study overall survival (OS) in patients with high-grade serous ovarian cancer (HGSOC) treated with intraperitoneal (IP) chemotherapy and intravenous (IV) chemotherapy.**Methods:** A retrospective cohort of stage III HGSOC patients treated between 2007-2019 by optimal primary cytoreductive surgery to ≤ 1 cm residual disease, followed by adjuvant IP or IV chemotherapy.**Results:** Overall, 54 patients were included, 23 (43%) were treated by IP chemotherapy and 31 (57%) by IV chemotherapy. The patients in both groups were similar with respect to age at surgery, body mass index, FIGO stage, ECOG performance status, residual disease at completion of surgery, BRCA1/2 mutation status, and pretreatment CA-125 serum levels. Median progression-free survival (PFS) in the IP group was 39 months (95% confidence interval [CI]: 34-44) versus 23 months (95% CI: 18-28) in the IV group, $p=0.294$. The IP group had superior OS compared to those treated with IV chemotherapy, with median OS not reached, versus 76 months (95% CI: 37-115) for the IV group, ($p=0.075$, hazard ratio 0.45 (95% CI: 0.18-1.10)). In a sensitivity analysis for stage IIIC patients ($n=39$), median PFS for the IP group was 39 months (95% CI: 22-55) versus 22 months (95% CI: 19-25) for the IV group, $p=0.133$. The median OS in stage IIIC patients was 130 months (95% CI: 86-174) in the IP group, compared to 56 months (95% CI: 35-76) for the IV group, $p=0.152$. Toxicity profiles were similar in both groups.

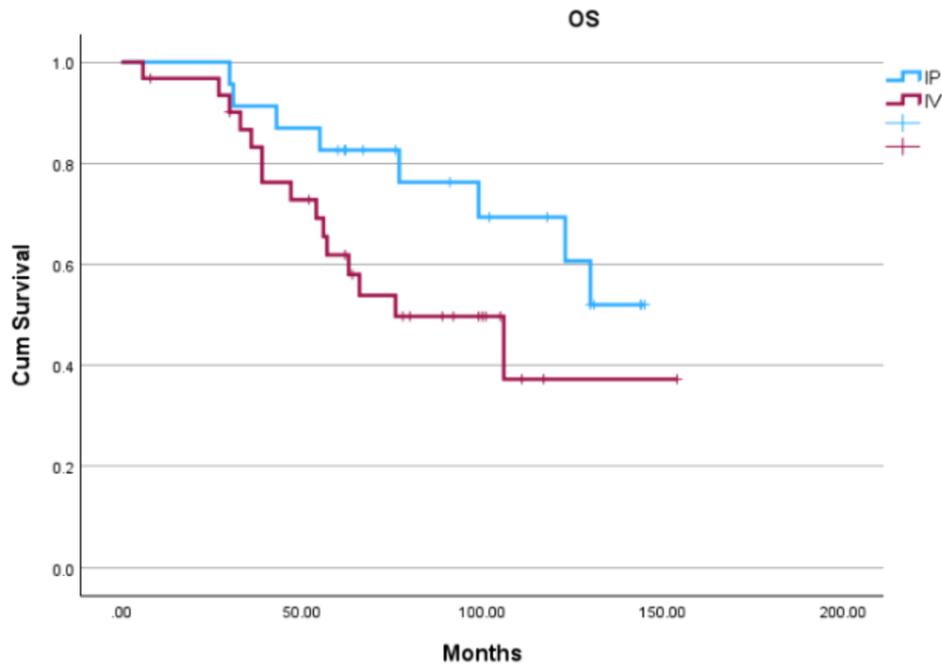


Figure 1. Overall survival.

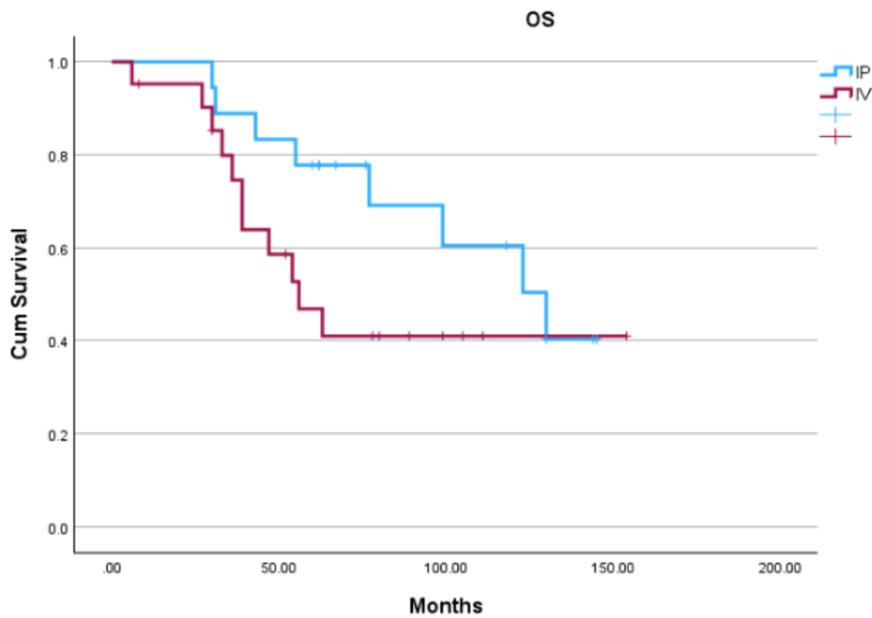


Figure 2. Overall survival among stage IIIc patients.

Conclusion/Implications: Despite the small numbers, stage III HGSOC patients treated with IP chemotherapy had significantly longer overall survival.

EP230 / #378

Topic: AS06. Tumor Types / AS06d. Ovarian Cancer

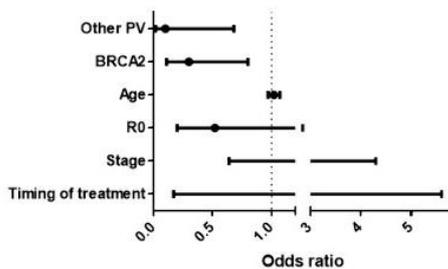
THE IMPACT OF PATHOGENIC VARIANTS OF BRCA1, BRCA2 AND OTHER DNA-REPAIR GENES ON THE SURVIVAL BENEFITS CONFERRED BY PARP INHIBITORS

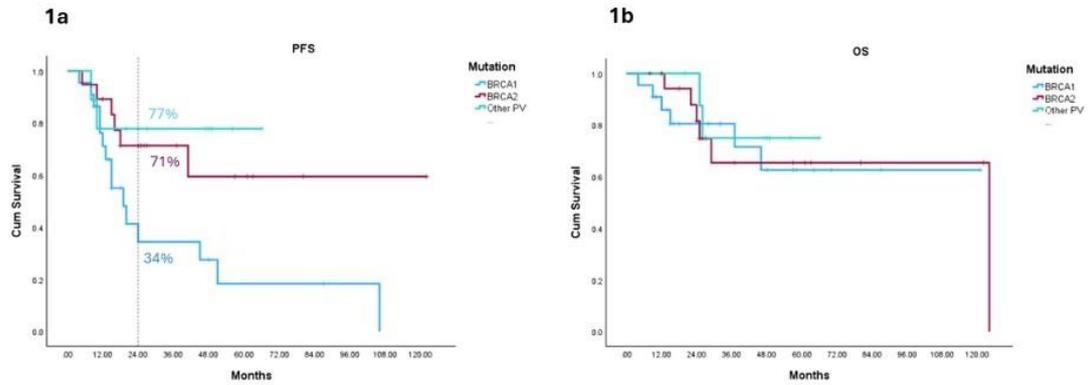
Gabriel Levin¹, Xing Zeng¹, Lawrie Shahbazian¹, Victoria Mandilaras¹, Lucy Gilbert²
¹McGill, Montreal, Canada, ²McGill University, Division Of Gynecologic Oncology, Research Institute, Mcgill University Health Centre, Gerald Bonfman Department Of Oncology, Montreal, Canada

Introduction: We studied the impact of *BRCA* pathogenic variants (PV) type on progression-free survival (PFS) and overall survival (OS) in high-grade serous ovarian cancer patients treated with PARPi maintenance therapy.

Methods: A retrospective study of patients who had PV and treated with maintenance PARPi between 2011 - 2024. Our primary outcome was the PFS and OS of patients treated by PARPi

Results: Overall, we included 22 *BRCA1*, 19 *BRCA2*, and 9 patients with other DNA repair-related genes - 7 *RAD51C/D*, 1 *PALB2*, and 1 *CHEK2*. The median follow-up time was 27 months. Groups were balanced with respect to body mass index, proportions of patients with complete cytoreduction, stage at diagnosis, treatment setting, and PARPi treatment (Niraparib, Olaparib, and Rucaparib). At 24 months since starting PARPi, 34% of patients with *BRCA1* were disease free, 71% of patients with *BRCA2*, and 77% with other DNA repair-related genes, log rank =.019. The median PFS was inferior for *BRCA1* mutation carriers when compared to *BRCA2* (hazard ratio 0.35 95% CI 0.13-0.91), and when compared to other DNA repair-related genes (hazard ratio 0.23 95% CI 0.05-1.03). In a Cox regression analysis for PFS, including age, R0 cytoreduction, disease stage and treatment setting, the only independently associated factor with PFS was the implicated gene, with *BRCA2* having superior PFS when compared to *BRCA1*, hazard ratio 0.30 (95% CI .11-.80), and other DNA repair-related genes (hazard ratio 0.10 95% CI 0.01-0.68).





Conclusion/Implications: We demonstrate different responses to maintenance PARPi based on PV, with *BRCA1* PVs having inferior PFS.

EP231 / #291**Topic:** AS06. *Tumor Types / AS06d. Ovarian Cancer***EXPLORING TRANSCRIPTIONAL SUBTYPES AND IMMUNE MARKERS IN BEACON; PHASE II STUDY OF ATEZOLIZUMAB, BEVACIZUMAB, COBIMETINIB IN PLATINUM RESISTANT HIGH-GRADE SEROUS OVARIAN CANCER**

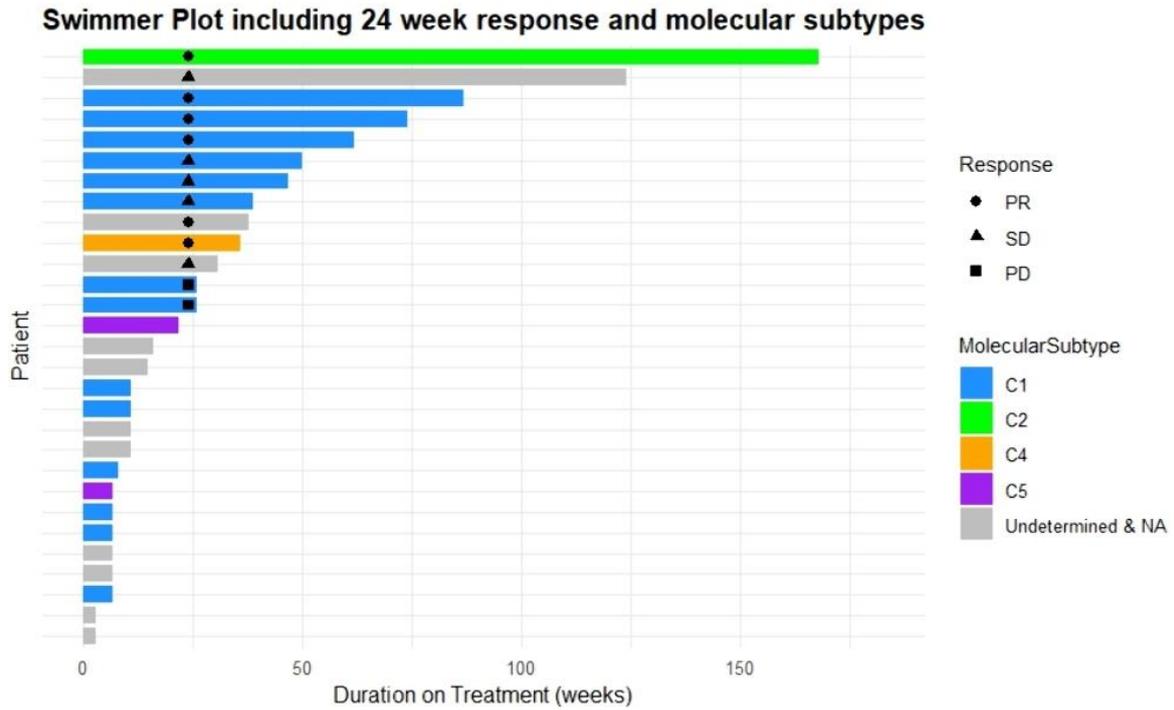
Sathya Manoharan¹, Mathias Bressel², Ahwan Pandey¹, Kate Jones³, Paige James¹, Yi-An Ko², Jayesh Desai¹, Danny Rischin¹, Paul Neeson¹, Linda Mileshekin¹, David Bowtell¹, George Au-Yeung¹

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Introduction: Immune checkpoint inhibitors (ICIs) show limited efficacy in high-grade serous ovarian cancer (HGSC), but transcriptional subtypes may predict response. Subtypes with elevated CD3+ T cell infiltration, such as immunoreactive (C2) and mesenchymal (C1), may derive greater benefit.

Methods: BEACON is a single-centre, phase II trial evaluating atezolizumab (840 mg IV Q2W from Cycle 2), bevacizumab (5 mg/kg IV Q2W), and cobimetinib (60 mg orally d1–21) in patients with platinum-resistant recurrent HGSC. The primary endpoint was 24-week overall response rate (ORR). Exploratory analyses examined associations between transcriptional subtypes (via a 48-gene Nanostring panel) and immune cell proportions inferred from bulk mRNA-sequencing using descriptive statistics.

Results: Twenty-nine patients were enrolled (median age 62; range 37–79), with 55% having ≥3 prior therapies. ORR at 24 weeks was 21% (95% CI: 8–40). The best overall response was 24% (95% CI: 10–44) and included 2 complete responses and 5 partial responses. This cohort included 14 patients with the C1 subtype, 1 each with C2 and C4, 2 with C5, and 11 with undetermined subtypes. Five patients (17%) remained on treatment for ≥52 weeks, suggesting some experience durable disease control. Of these, three were C1 subtype, and one was C2. In two cases with available on-treatment RNA-seq data, we observed increasing CD8+ T cells and plasma cells on treatment.



Conclusion/Implications: This triplet therapy demonstrated modest activity, with responses enriched in the C1 transcriptional subtype. These findings support further investigation of transcriptional subtypes as potential predictors of ICI benefit.

EP232 / #1002**Topic:** AS06. *Tumor Types / AS06d. Ovarian Cancer***PROGNOSTIC VALUE OF A LOCAL HOMOLOGOUS RECOMBINATION DEFICIENCY TEST IN ADVANCED OVARIAN CANCER: A RETROSPECTIVE COHORT STUDY**Lívia Martins¹, Adrina Ribeiro¹, Alexandre Da Costa², Andrea Guimarães²¹AC Camargo Cancer Center, Clinical Oncology, São Paulo, Brazil, ²AC Camargo Cancer Center, São Paulo, Brazil

Introduction: Ovarian cancer is most often diagnosed at advanced stages. High-grade serous and endometrioid subtypes are the most common histological types and are frequently associated with homologous recombination deficiency (HRD). Despite initial response to chemotherapy, many patients experience disease recurrence, highlighting the need to optimize post-first-line therapeutic strategies. The objective of this study is to evaluate the prognostic value of a local HRD testing in a tertiary cancer center in Brazil.

Methods: This is a single-center, retrospective observational study including patients with FIGO stages III and IV with high-grade serous or endometrioid ovarian carcinoma, treated at AC Camargo Cancer Center between March 2022 and March 2025. Data was collected from electronic medical records. The outcomes of interest were progression-free and overall survival. HRD test was performed in a local laboratory.

Results: This study included 50 patients with a median age of 59.3 years old and a median pre-treatment CA 125 level of 549. The median PFS in the overall population was 22.4 months, with a 24-month PFS rate of 23.4% and a 24-month OS rate of 51.2%. The median PFS among patients with HRD-positive status was 25 months, compared to 17.8 months in HRD-negative patients ($p = 0.79$).

Conclusion/Implications: Although patients with HRD-positive tumors showed a numerically longer progression-free survival compared to HRD-negative patients, the difference was not statistically significant. A longer follow-up with the inclusion of more patients are needed to confirm the prognostic value of the local HRD test.

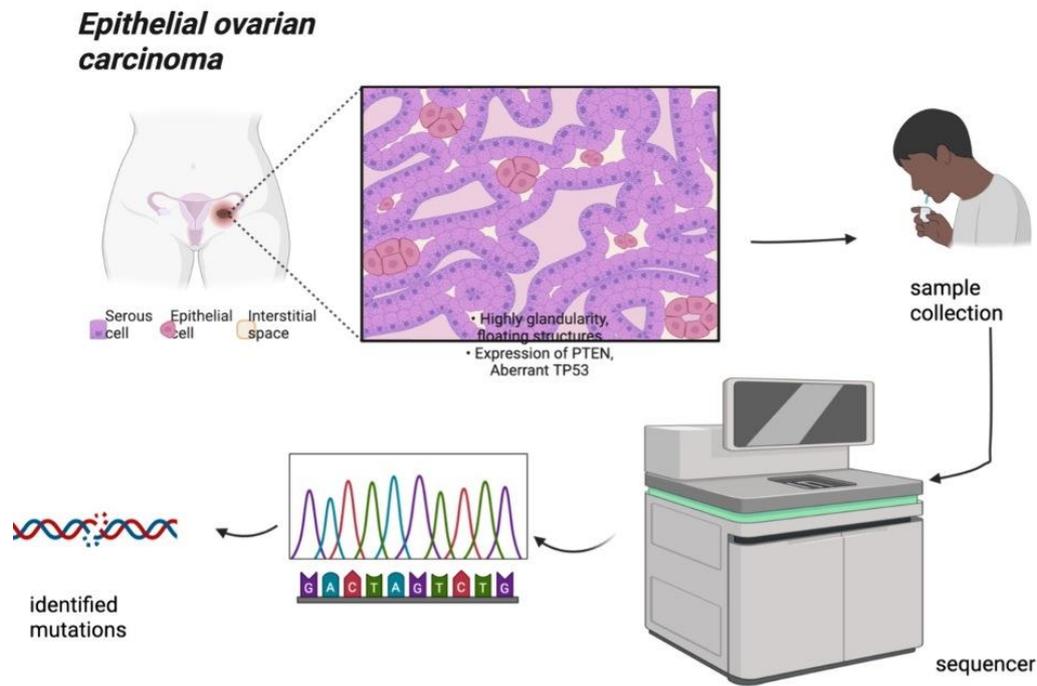
EP233 / #625**Topic:** AS06. *Tumor Types / AS06d. Ovarian Cancer***GENETIC LANDSCAPES OF EPITHELIAL OVARIAN CANCERS IN NIGERIAN WOMEN: PROTOCOL AND INSIGHTS FROM THE FIRST 27 CASES**

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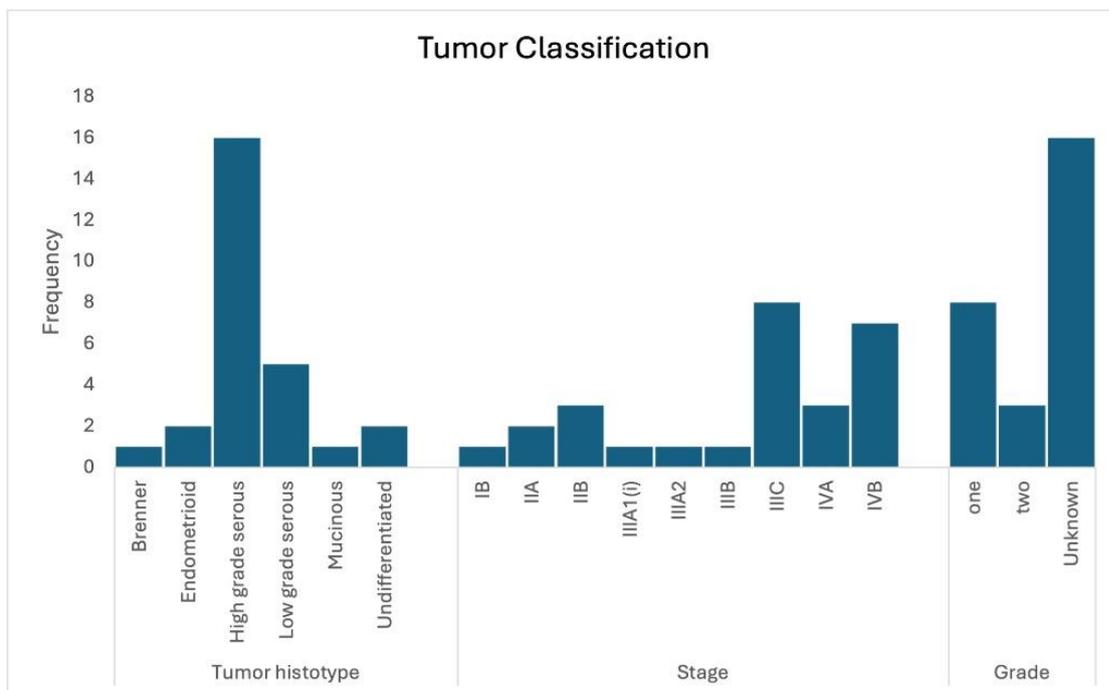
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Introduction: Ovarian cancer (OC) is the second most common and most lethal gynecologic cancer in Nigeria. The 2022 data showed a 67% case fatality rate, highlighting the need for improved understanding and management. However, there is a paucity of data on OC epidemiology, clinicopathology, genetics, and survival in Nigeria. Despite its potential benefits, genetic testing is currently unavailable in Nigerian hospitals. This study aims to determine the prevalence and clinicopathologic features of hereditary epithelial ovarian cancer in Nigerian women and assess the spectrum and variability of germline mutations across ethnolinguistic groups and correlate risk factors and conditions with clinical outcomes

Methods: We are prospectively consenting adult Nigerian women with histologically diagnosed epithelial OC, recruited from 12 participating sites across the six geopolitical zones. Baseline data collection on socio-demography, clinico-pathology, reproductive history, and hormone exposure information using the Kobo Toolbox platform. Saliva samples are being collected using the Oragene DNA kit for Whole Exome Sequencing on Illumina platform on a panel of 30 genes or more associated with hereditary OC.



Results: So far, 27 samples have been collected across eight sites. Preliminary findings show that half of the patients are overweight, over three-quarters have a median number of five children, and less than a fifth have a family history of OC. The majority of tumors are serous epithelial type, high-grade, and diagnosed at advanced stages.



Conclusion/Implications: Majority were highly parous, overweight with serous tumours. This research has the potential to inform genetic testing and counseling strategies, improving OC management and outcomes in Nigeria.

EP234 / #890

Topic: AS06. *Tumor Types / AS06d. Ovarian Cancer*

THE OXFORD UPPER ABDOMINAL - THORACIC SURGICAL CHECKLIST AS AN AID-MEMOIRE FOR THE SURGICAL MANAGEMENT OF ADVANCED OVARIAN CANCER

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Introduction: Gynaecological Oncology surgeons have traditionally mastered pelvic surgery and disease below the transverse colon. In the last decade, as part of maximal cytoreductive efforts in ovarian cancer surgery, there has been a shift towards addressing upper abdominal tumour sites, with the aim to remove all macroscopic disease (achieve R0), the most significant independent predictor of survival. Over time, the Oxford team has developed a meticulous, stepwise checklist to systematically inspect notoriously overlooked areas and common sites of recurrence at the end of surgery.

Methods: We designed a structured 20-steps checklist based on important upper abdominal anatomical landmarks, taking into account anatomical relationships and typical disease patterns in advanced ovarian malignancies.

Results: The checklist enables a systematic assessment of the supracolic omentum, lesser sac (bursa omentalis), spleen and pancreatic tail, foramen of Winslow and gastro-duodenal ligament (portal triad), retro-hepatic inferior vena cava, left and right hemidiaphragms and central tendon, liver parenchyma and Glisson capsule, gallbladder and Calot's triangle, falciform and round ligaments, ligamentum venosum, hepatic bridge (pont hepatic), and hepato-celiac lymph nodes. Inspection also includes the stomach, sub-pyloric space, Morrison's pouch (hepato-renal recess), and both adrenal glands. The thoracic cavity is explored when full-thickness diaphragmatic resection is required or for the excision of suspicious cardio-phrenic nodes identified on imaging.

Conclusion/Implications: We propose this checklist could be implemented by Gynaecological Oncology surgeons in a similar way to the World Health Organisation (WHO) Surgical Safety Checklist, to serve as a structured reminder of potential areas of hidden disease and to help achieve complete (R0) cytoreduction.

EP235 / #833

Topic: AS06. *Tumor Types / AS06d. Ovarian Cancer*

BLOCKADE OF THE PD(L)-1 AXIS IN FIRST-LINE TREATMENT OF HIGH GRADE ADVANCED OVARIAN CANCER: UPDATE

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Introduction: The results of several large randomized phase 3 trials exploring multiple possible combinations of PD(L)1 inhibitor [PD(L)1-i] to standard first-line regimens for advanced ovarian cancer (AOC) have been recently disclosed, including the FIRST trial at ASCO 2025.

Methods: Randomized trials which add a PD(L)1-i to standard first-line AOC were selected. Were explored the role of combining PD(L)1-i with neo-adjuvant treatment versus upfront surgery followed by adjuvant chemotherapy, with bevacizumab containing regimens or not, with initial chemotherapy or in maintenance alone, with PARP inhibitor or not. The role of PD-L1, BRCA or HRD status was evaluated.

Results: From 12/2018 to 05/2025 were disclosed the results of 6 international phase 3 trials (JAVELIN100_IMAGYN-050_ATHENA_DUO-O_KEYLYNK_FIRST) which have included a total of 7200 patients. They differ in particular by the population included, the PD(L)1-i and the PARP inhibitor molecule, the control arm and the use of bevacizumab. No consistent PFS benefit with the addition of a PD(L)1-i was detected between the trials in terms of age, FIGO stage, BRCA or HRD status, use of bevacizumab. A consistent, but small, PFS benefit was observed in PD-L1 positive versus negative populations, and in patients when PD(L)1 inhibitor was added to neo-adjuvant therapy versus primary debulking surgery vs maintenance therapy (Table1)

Conclusion/Implications: Though none of the phase 3 trials testing the addition of PD(L)1 inhibitor to standard first-line regimen showed a substantial clinical benefit, patients with PD-L1 positive tumors treated with neo-adjuvant therapy might be the population of choice to evaluate future combination immunotherapies including a PD(L)1-i.

Table 1. Hazard Ratio (HR) of the PFS comparison of standard chemotherapy ± bevacizumab ± PARP inhibitor combined or not with a PD(L)1 inhibitor

| Trial ¹ | Treatment | PD-L1 positive / negative (HR ³) | Neo-adjuvant / PDS < 1 cm / PDS > 1 cm (HR) | Maintenance (HR) |
|--------------------|--|--|---|------------------|
| JAVELIN-100 | Cx+avelumab vs Cx ² +placebo | 0,98/ 1,36 | 1,01/ 1,02/ 1,55 | |
| IMAGYN050 | Cx+bev ² +atezolizumab vs Cx+bev+placebo | 0,80/ 1,06 | 0,89/ 1,29/ 1,25 | |
| FIRST | Cx+bev+niraparib+dostarlimab vs Cx+bev+niraparib+placebo | 0,84/ 0,87 | 0,80/ 0,86/ 0,92 | |
| KEYLYNK-100 | Cx+bev+pembrolizumab vs Cx+bev+placebo | 0,93/ 1,05 | 1.16/ 1.16/ 0.79 | |
| JAVELIN 100 | Cx followed by avelumab maintenance vs Cx+placebo | - | - | 1,43 |
| ATHENA | Rucaparib+pembrolizumab vs rucaparib+placebo maintenance | - | - | 1,29 |

¹Details of DUO-O comparison Cx+bev+durvalumab vs Cx+bev were not available at the date of the abstract

²Cx:chemotherapy; bev:bevacizumab ³HR are presented without 95%confidence interval for the sake of space

EP236 / #830**Topic:** AS06. *Tumor Types / AS06d. Ovarian Cancer***USING CLINICAL REGISTRIES TO UNDERSTAND PATTERNS OF CARE IN MUCINOUS OVARIAN CANCER**

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Introduction: Mucinous ovarian cancer (MOC) responds poorly to standard platinum-based ovarian cancer chemotherapy regimens. However, no better treatment options are currently available. Due to the rarity of MOC, clinical trials are rarely feasible and other research options require consideration. Clinical registries provide a powerful alternative.

Methods: Data for 195 patients diagnosed with MOC from 2017-2025 were sourced from the National Gynaecology Registry and analysed. Statistical analysis was conducted in R version 4.4.1.

Results: Median age of diagnosis was 51 years (range 21 to 86). Most patients were diagnosed with early-stage low-grade disease. Grade 3 disease was significantly associated with advanced stage at diagnosis ($p < 0.001$). Most patients (72%) were managed with surgery alone, with 49 patients (26.2%) receiving chemotherapy. Grade and stage significantly impacted treatment choice ($p < 0.001$). 36 (73.5%) patients received a gynaecological chemotherapy regimen (carboplatin or carboplatin-paclitaxel) and 13 received a non-gynaecological regimen. The one-, two- and five-year OS was 90%, 83% and 73% respectively. Characteristics significantly associated with poorer OS included: infiltrative growth pattern, higher stage, lower ECOG, residual disease and older age. Compared to a gynaecological chemotherapy regimen, patients who received a non-gynaecological chemotherapy regimen had an improved OS.

Conclusion/Implications: This analysis represents one of the largest evaluations of patterns of care in MOC. As expected, most patients were diagnosed with low-grade, early-stage disease and OS survival rates were high. Use of a non-gynaecological chemotherapy regimen was associated with improved OS, but this requires further investigation. Plans to evaluate these data alongside other international sites will further enhance our understanding of MOC.

EP237 / #277

Topic: AS06. *Tumor Types / AS06d. Ovarian Cancer*

MACHINE LEARNING IN OVARIAN CANCER DETECTION

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Introduction: Ovarian cancer is a common gynecological malignancy, responsible for 2.5% of all female cancers and 5% of female cancer-related deaths. Its high mortality is mainly due to late-stage diagnosis. Therefore, early detection is essential, as localized ovarian cancer has a five-year survival rate of 93%. In this context, machine learning (ML) techniques are being explored to improve early diagnosis and risk stratification by analyzing biomolecular and laboratory data.

Methods: A literature search in the Lilacs, SciELO, and PubMed databases using the keywords “machine learning” AND “ovarian cancer” AND “diagnosis” identified a total of 89 articles. Inclusion criteria were original research from the past five years, free full-text access, and relevance to the topic. Exclusion criteria included preprints and systematic reviews.

Results: One study used neural networks to analyze plasma spectra achieved 71.4% sensitivity and 86.5% specificity. Another applied an algorithm to select 10 ovarian cancer-associated miRNAs, with resulting models reaching up to 100% of the area under the curve AUC. An integrated model using lab indicators and neural networks reported 89.11% sensitivity and 96.37% specificity. A separate study tested eight ML algorithms on clinical variables yielding AUCs of 0.94 and 0.95. Another study validating 14 miRNAs in pre-diagnostic samples reported a median AUC of 0.771.

Conclusion/Implications: ML shows strong potential in early ovarian cancer diagnosis. Feature selection methods and the use of miRNAs notably enhance model performance. Proper algorithm selection is key to improving diagnostic outcomes.

EP238 / #997**Topic:** AS06. Tumor Types / AS06d. Ovarian Cancer**PREVALENCE OF SEROUS TUBAL INTRAEPITHELIAL CARCINOMA (STIC) IN CLINICAL ROUTINE: A RETROSPECTIVE STUDY AT A UNIVERSITY HOSPITAL**

Annika Rohner¹, Sabine Matovina¹, Luisa Tassa¹, Britta Ney², Marcel Grube³, Hans Bösmüller², Bernhard Krämer¹, Sascha Hoffmann¹, Felix Neis¹, Jürgen Andress¹, Falko Fend², Sarah Brucker¹, Stefan Kommos³, Andreas Hartkopf¹, Christina Barbara Walter¹, Annette Staebler²

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Introduction: Epithelial ovarian cancer (EOC) comprises five major histologic subtypes, with high-grade serous carcinoma (HGSC) being the most prevalent and aggressive. Current evidence indicates that most HGSCs originate from the fallopian tube, with serous tubal intraepithelial carcinomas (STICs) often sharing identical p53 mutations and now regarded as precursor lesions. Therefore, opportunistic salpingectomy is discussed as a preventive strategy even in women at baseline risk while risk-reducing salpingo-oophorectomy already is the gold standard in high-risk women. This study aims to assess the frequency of STIC in clinical routine at a German university hospital.

Methods: Pathology reports from 2010 to February 2024 were screened for "STIC" and "serous tubal intraepithelial carcinoma." Histopathologic and clinical data were collected. Opportunistic salpingectomies (oSE) underwent standard pathological workup; prophylactic salpingectomies (pSE) or fallopian tubes with associated carcinoma were processed using the SEE-Fim protocol.

Results: Of 321 reports, 135 contained the keyword STIC. 98 STICs were associated with HGSC, 8 with other carcinomas, 29 were isolated STICs. Of these 29, 9 were pSE and 20 oSE. 3 patients carried BRCA1, two BRCA2 mutations, and 3 other variants (CHEK2, BARD1, RAD51C). Most isolated STICs (n=28) were diagnosed from 2017 onwards. Additionally, 140 reports noted "no STIC", though 32 mentioned other precursor lesions (STIL, SCOUT, p53 signatures). 46 cases were excluded (external diagnoses).

Conclusion/Implications: Between 2010 and 2024, 135 STICs were diagnosed with 29 isolated STICs, predominantly after 2017. Further studies will evaluate the role of specialized pathology review and p53/Ki-67 immunohistochemistry, particularly in the oSE-group and the impact of the prevalence of STIC.

EP239 / #546

Topic: AS06. *Tumor Types / AS06d. Ovarian Cancer*

EXPLORING THE INTERPLAY OF BIOMARKERS OF HGSOC: GIS, SBRCA, HRD

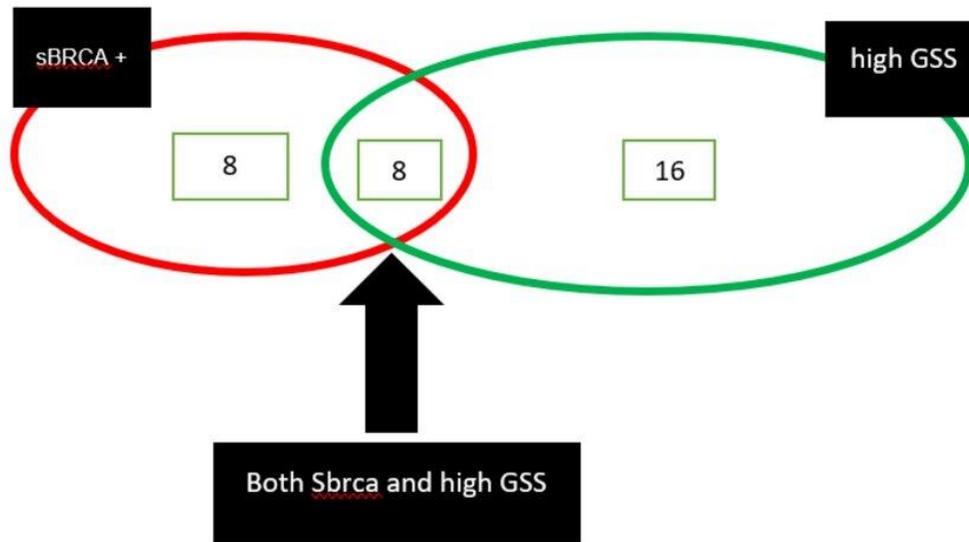
Baishali Roy¹, Sachin Khurana², Babita Kataria², Seema Singhal¹, Jyoti Meena¹, Rajesh Kumari¹, Mukurdipi Ray³, Babul Bansal³, Anju Singh¹, Nilanchali Singh¹, Sandeep Mathur⁴, Aarthi Jayraj¹, Raja Pramanik²

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Introduction: Data on homologous recombination deficiency (HRD), somatic BRCA (sBRCA) status, and Genomic Instability Score (GIS) among Indian women are scarce. This study evaluated the prevalence of these biomarkers and their association with clinical outcomes. Data on homologous recombination deficiency (HRD), somatic BRCA (sBRCA) status, and Genomic Instability Score (GIS) among Indian women are scarce. This study evaluated the prevalence of these biomarkers and their association with clinical outcomes.

Methods: This retrospective study included carcinoma ovary patients with available HRD reports between 2022 and 2024. The frequencies of HRD and sBRCA assessed, sociodemographic and clinical parameters were collected and analysed. Categorical variables were compared using Pearson's Chi-square or Fisher's exact test. Survival analysis was performed using Kaplan-Meier estimates.

Results:



Seventy-two High-Grade Serous Ovarian Carcinoma (HGSOc) patients were recruited; 10 were excluded due to quality control failure, leaving 62 evaluable cases. The median age was 52 years (range 30–78), 94% presenting at advanced stages. Interval CRS was performed in 39 (63%) and Primary CRS in 15 with complete cytoreduction (CC 0) achieved in 42 (75%). HRD positivity was seen in 32 (52%), and sBRCA positivity in 16 (26%). Among HRD-positive patients, 8 had sBRCA positivity, 16 had high GIS and 8 had both (Venn diagram-fig. 1). Median GIS was 57 (IQR=22–87) in HRD-positive and 16 (14±12) in HRD-negative patients. Twenty-three HRD-positive patients received maintenance therapy. No significant correlation was found between HRD or sBRCA status and age, stage, family history, NACT response, cytoreduction or CRS score. Median PFS was 68 months (CI=25-NR) and median OS was not reached.

Conclusion/Implications: The study explores the frequency and overlap of HRD, sBRCA and GIS in a cohort of Indian patients and their impact on therapy and outcomes.

EP240 / #491

Topic: AS06. *Tumor Types / AS06d. Ovarian Cancer*

EVALUATING THE IMPACT OF SURGICAL COMPLEXITY ON OUTCOMES IN SECONDARY CYTOREDUCTIVE SURGERY FOR RECURRENT OVARIAN CANCER: INSIGHTS FROM A TERTIARY CARE CENTER

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Introduction: Secondary cytoreductive surgery (CRS) is an important intervention for recurrent ovarian cancer, offering the potential for improved progression-free and overall survival in selected patients. However, there is variability in outcomes based on patient characteristics, tumor biology, and surgical approaches. This study aims to analyze the surgical outcomes and identify prognostic factors influencing the success of secondary CRS in recurrent ovarian cancer at a single institution

Methods: A retrospective review was conducted on patients who underwent secondary CRS for recurrent ovarian cancer between January 2023 and December 2024 at aster institute of oncology . Patient demographics, clinical characteristics, surgical details, intra op and postop outcomes were collected. Outcomes of interest included progression-free survival (PFS), and complication rates where seen . Surgical complexity scoring done by aletti score

Results:

| Procedure | N-35 |
|---|-------------------------------------|
| Residual omentectomy | 10 (28.57%)(lesser omentectomy -1) |
| Appendectomy | 15 (42.86%) |
| Parietal peritonectomy | 5 (14.29%) |
| Pelvic peritonectomy | 8 (22.86%) |
| Bladder peritonectomy | 8 (22.86%) |
| Excision of bladder dome | 2 (5.71%) |
| Liver metastatectomy | 2 (5.71%) |
| Partial cystectomy | 1 (2.86%) |
| Small bowel resection and anastomosis | 4 (11.43%) |
| Large bowel resection and anastomosis | 7 (20%) |
| Ureteric reimplantation | 2 (5.71%) |
| Subcapsular lesion resection/liver mobilization | 3 (8.57%) |
| Splenectomy | 2 (5.71%) |
| Cholecystectomy | 1 (2.86%) |
| Excision of tumor from porta hepatis | 1 (2.86%) |
| Diaphragmatic stripping | 9 (25.71%) |
| Partial excision of diaphragm | 2 (5.71%) |
| Stoma | 2 (5.71%) |
| Paraaortic | 2 (5.71%) |
| Pelvic lymphnode dissection | 4 (11.43%) |

A total of 35 patients were included. The secondary cytoreductive surgery was highly complex in 14(40%) patients, 12 (34.2 %) had intermediate surgical complexity score, 9(25.7 %) had low surgical complexity score according to the Aletti complexity score. Secondary cytoreductive surgery was complete (no macroscopic residual disease) in 31(88 %); Optimal (R1) in 4 (11.4 %) of the patients. Out of the 35 patients, 1 expired post op complication, 1 had a reexploration

Conclusion/Implications: Surgical complexity significantly impacts the success of secondary CRS in recurrent ovarian cancer, highly complex cases carry an increased risk of complications. These findings underscore the importance of individualized patient selection and careful preoperative planning to maximize benefits from secondary CRS in recurrent ovarian cancer

EP241 / #1017

Topic: AS06. *Tumor Types / AS06d. Ovarian Cancer*

CLINICAL PRACTICE OF POLY (ADP-RIBOSE) POLYMERASE INHIBITORS FOR MAINTENANCE THERAPY IN EPITHELIAL OVARIAN CANCER : A SINGLE CENTER REAL-WORLD STUDY

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Introduction: This study aimed to retrospectively investigate the real-world clinical efficacy and adverse events of poly(adenosine diphosphate [ADP]-ribose) polymerase (PARP) inhibitors in patients with newly diagnosed epithelial ovarian cancer.

Methods: We retrospectively reviewed medical records from our hospital. Patients diagnosed with epithelial ovarian cancer who received olaparib or niraparib as first-line maintenance treatment between 2016 and 2022 were included. Progression-free survival (PFS) was analyzed using the Kaplan–Meier method, and treatment-related adverse events were evaluated.

Results: 40 patients treated with PARP inhibitors were identified. The median follow-up duration was 26.7 months (95% confidence interval [CI], 24.3–28.0), and the median PFS was 52.0 months (95% CI, 43.9–63.1). Disease progression was observed in 12 patients, and 7 patients died during follow-up. Adverse events of any grade occurred in 25 patients (62.5%). The most common toxicities included fatigue, anemia, and thrombocytopenia, most of which were grade 1 or 2 and did not require treatment discontinuation. However, dose reduction was required in 22 patients (50.0%).

Conclusion/Implications: In a real-world clinical setting, PARP inhibitors demonstrated efficacy consistent with findings from randomized controlled trials and were generally well tolerated. Nevertheless, careful monitoring of adverse events and long-term safety is warranted.

EP242 / #389**Topic:** AS06. *Tumor Types / AS06d. Ovarian Cancer***RISK FACTORS AND PATTERNS OF CHEMOTHERAPY-INDUCED PERIPHERAL NEUROPATHY IN OVARIAN CANCER PATIENTS RECEIVING TAXANE-BASED THERAPY IN OMAN**

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Introduction: Chemotherapy-induced peripheral neuropathy (CIPN) is a significant adverse effect of taxane-based chemotherapy that can impact treatment outcomes. This study aimed to evaluate the patterns of CIPN and identify potential risk factors in ovarian cancer patients receiving Paclitaxel

Methods: A retrospective analysis was conducted on patients with ovarian cancer receiving Paclitaxel in SQCCRC in Oman between March 2022 and December 2024. Patient demographics, treatment characteristics, and neuropathy grades were collected. Correlations between the Grade of neuropathy and various clinical parameters were analyzed

Results: Among 44 patients, 16 (36%) experienced sensory neuropathy. 62.5% followed a weekly regimen, and 37.5% on a 3-week schedule. 56.25% experiencing Grade 1 neuropathy, 31.25% Grade 2, and 12.50% Grade 3. Symptom onset typically occurs between 3-6 treatment cycles. 75% of patients improved their symptoms with one neuropathic drug, and 25 % needed to combine two neuropathic drugs to control symptoms. Age showed a moderate positive correlation with neuropathy severity ($r = 0.464$, $P = 0.071$), while BMI demonstrated a moderate negative correlation ($r = -0.440$, $P = 0.088$). The overall median cumulative dose from which CIPN appeared was approximately 940 mg

Conclusion/Implications: Our findings suggest that most ovarian cancer patients exhibit milder Grades of CIPN symptoms. Age and BMI influence CIPN severity in taxane-based therapy. While there is an indication that elderly patients and those with low BMI could potentially have more toxicity, further investigation with a larger sample size is needed to confirm these trends

EP243 / #36

Topic: AS06. Tumor Types / AS06d. Ovarian Cancer

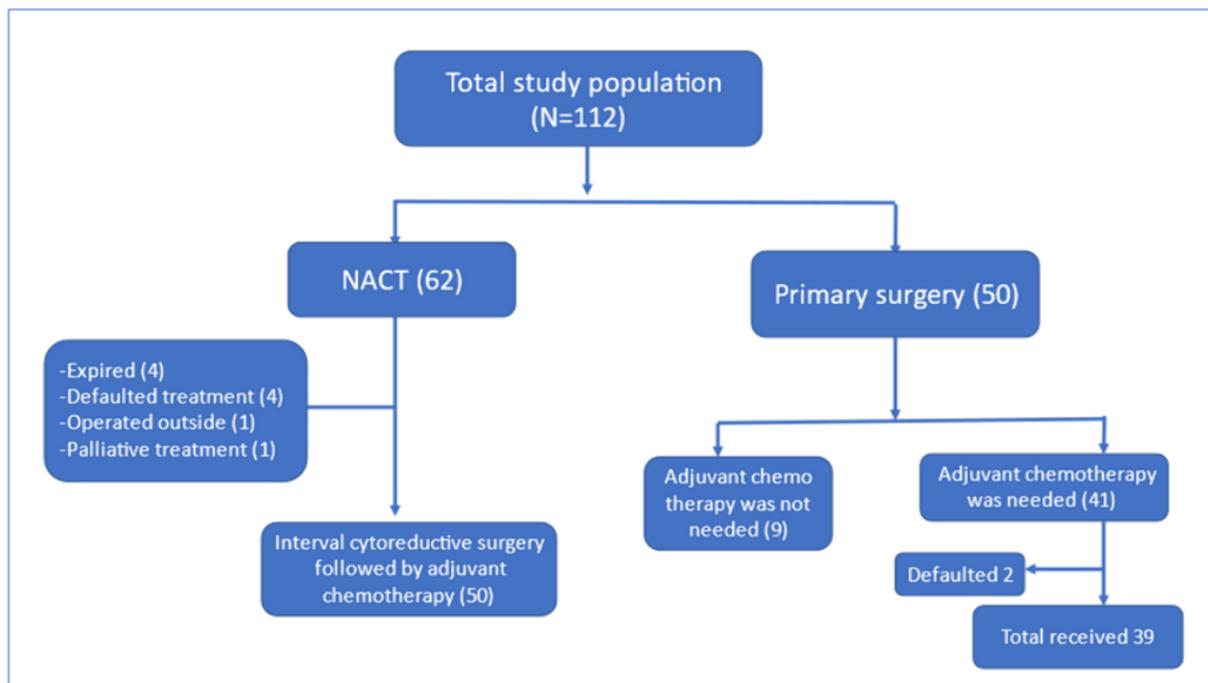
ADHERENCE TO GUIDELINES IN THE MANAGEMENT OF EPITHELIAL OVARIAN CANCERS AT A TERTIARY CARE CENTRE IN SOUTH INDIA – A REAL-WORLD SCENARIO

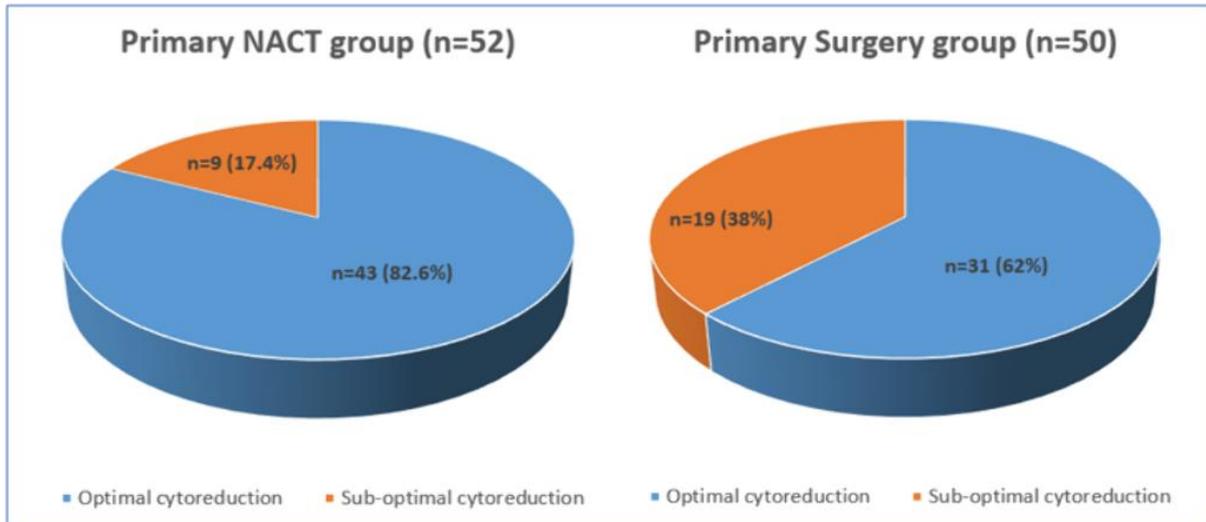
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Introduction: While adherence to clinical practice guidelines has been associated with improved patient outcomes and quality of care in various medical specialties, the extent to which these guidelines are followed in real-world clinical settings remains a topic of interest and investigation.

Methods:





Our study cohort comprised 112 women aged 23 to 79 years who received treatment for epithelial ovarian cancers at our regional cancer center. The flow of the study is shown in image 1. We noted data encompassing the duration of diagnostic evaluation, multidisciplinary team (MDT) discussion, and specifics of chemotherapy and surgery in a pre-designed proforma. Cytoresduction details are shown in image 2. Subsequently, these data were meticulously analyzed to identify deviations from the established NCCN guidelines and the reasons for deviations were noted.

Results: MDT evaluation occurred within a median duration of 21 days from the first visit. Notably, 50% of women in the primary surgery group did not go through MDT discussion. The median duration for the commencement of primary treatment was 31 days. High adherence to guidelines was observed, with 89% and 80% of women in the study population adhering to guidelines for surgery and chemotherapy, respectively.

Conclusion/Implications: Our study underscores the importance of continued efforts to enhance guideline adherence and optimize care delivery for epithelial ovarian cancer patients. A major concern was the lack of MDT discussion among patients undergoing primary surgery. Our findings reveal areas for improvement in delivering care to these patients and suggest potential opportunities for streamlining diagnostic and treatment processes to expedite patient care.

EP244 / #365**Topic:** AS06. *Tumor Types / AS06d. Ovarian Cancer***PROGNOSTIC EFFECT OF INTRAOPERATIVE RUPTURE OF OVARIAN TUMOR IN STAGE I EPITHELIAL OVARIAN CANCER**

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Introduction: The 2024 ESGO, ESHRE, and ESGE guidelines on fertility-sparing treatment recommend unilateral salpingo-oophorectomy and cystectomy with macroscopic healthy ovarian tissue sparing as acceptable strategies for unilateral serous and seromucinous borderline ovarian tumors. However, preoperative differentiation between borderline and malignant ovarian tumors remains challenging. Intraoperative ovarian tumor rupture during cystectomy may lead to iatrogenic upstaging from stage IA to IC1 if final histology confirms ovarian cancer. The prognostic impact of intraoperative rupture in stage I epithelial ovarian cancer (EOC) remains uncertain. This study evaluates whether intraoperative rupture affects recurrence and survival outcomes.

Methods: This is a single-center retrospective observational study. Patients with stage IA and IC1 EOC diagnosed between 2015-2022 were identified in our institutional database. Progression-free survival (PFS) and disease-specific survival (DSS) were analyzed using Kaplan-Meier log-rank tests and Cox regression models.

Results: A total of 258 patients met inclusion criteria, with a median follow-up of 70 ± 29 months (Table IA). Intraoperative rupture (stage IC1) occurred in 56 (22%) patients. Significantly more IC1 patients (54%) received adjuvant chemotherapy compared to IA patients (34%). Kaplan-Meier survival analysis showed no significant differences in PFS and DSS between patients with and without intraoperative rupture (Figure 1). Multivariate analysis, controlling for age and adjuvant chemotherapy, confirmed these findings (Table 1B). Subgroup analysis by histologic type also showed no significant prognostic impact of intraoperative rupture.

Table 1A Relation between clinical characteristics and FIGO stage of 258 patients

| | FIGO stage | | P |
|------------------------|------------|------------|-------|
| | IA (n=202) | IC1 (n=56) | |
| | n (%) | n (%) | |
| Age (years, mean ± SD) | 59 ± 14 | 57 ± 15 | 0.122 |
| BMI (mean ± SD) | 26 ± 6 | 27 ± 5 | 0.652 |
| Histologic types | | | 0.015 |
| G1 endometrioid | 35 (17) | 12 (21) | |
| G2/G3 endometrioid | 19 (9) | 7 (13) | |
| Clear cell carcinoma | 28 (14) | 8 (14) | |
| LGSC | 11 (6) | 1 (2) | |
| HGSC | 55 (27) | 9 (16) | |
| Mucinous carcinom | 43 (21) | 8 (14) | |
| Other types | 11 (6) | 11 (20) | |
| Adjuvant chemotherapy | | | 0.008 |
| No | 133 (66) | 26 (46) | |
| YES | 69 (34) | 30 (54) | |
| Recurrence | | | 0.613 |
| No | 188 (93) | 51 (91) | |
| Yes | 14 (7) | 5 (9) | |
| Final status | | | 0.647 |
| Alive without disease | 194 (96) | 53 (95) | |
| Dead of disease | 8 (4) | 3 (5) | |

LGSC: Low-grade serous carcinoma; HGSC: High-grade serous carcinoma

Table 1B Risk factors for PFS and DSS in 258 patients in multivariate analysis

| Prognostic factors | PFS | | DSS | |
|-----------------------|------------------|-------|------------------|-------|
| | ORs (95% CI) | P | ORs (95% CI) | P |
| FIGO stage | | 0.647 | | 0.705 |
| IA | 1.0 (reference) | | 1.0 (reference) | |
| IC1 | 1.28 (0.45-3.63) | | 1.3 (0.34-5.02) | |
| Adjuvant Chemotherapy | | 0.707 | | 0.837 |
| No | 1.0 (reference) | | 1.0 (reference) | |
| Yes | 0.83 (0.32-2.17) | | 1.14 (0.34-3.79) | |
| Age (years) | 0.98 (0.95-1.01) | 0.318 | 1.01 (0.96-1.05) | 0.73 |

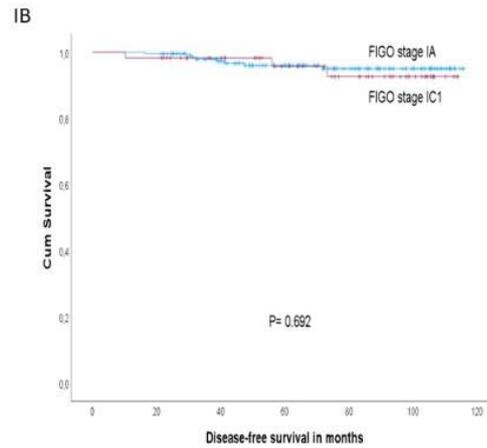
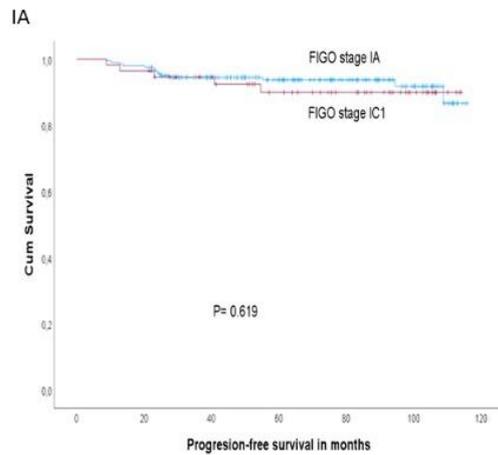


Figure 1 Kaplan–Meier curves of progression-free (1A) /disease-specific survival (1B) I between stage IA and IC1

Conclusion/Implications: Intraoperative rupture does not increase recurrence or worsen prognosis in stage I EOC. Cystectomy with ovarian tissue sparing remains a viable fertility-preserving option for young patients with suspected ovarian tumors.

EP245 / #494

Topic: AS06. *Tumor Types / AS06d. Ovarian Cancer*

FLUZOPARIB COMBINED WITH ORAL ETOPOSIDE IN ALTERNATING MAINTENANCE THERAPY FOR NEWLY DIAGNOSED ADVANCED OVARIAN CANCER (FARE TRIAL): A PROSPECTIVE, SINGLE-ARM, PHASE II STUDY

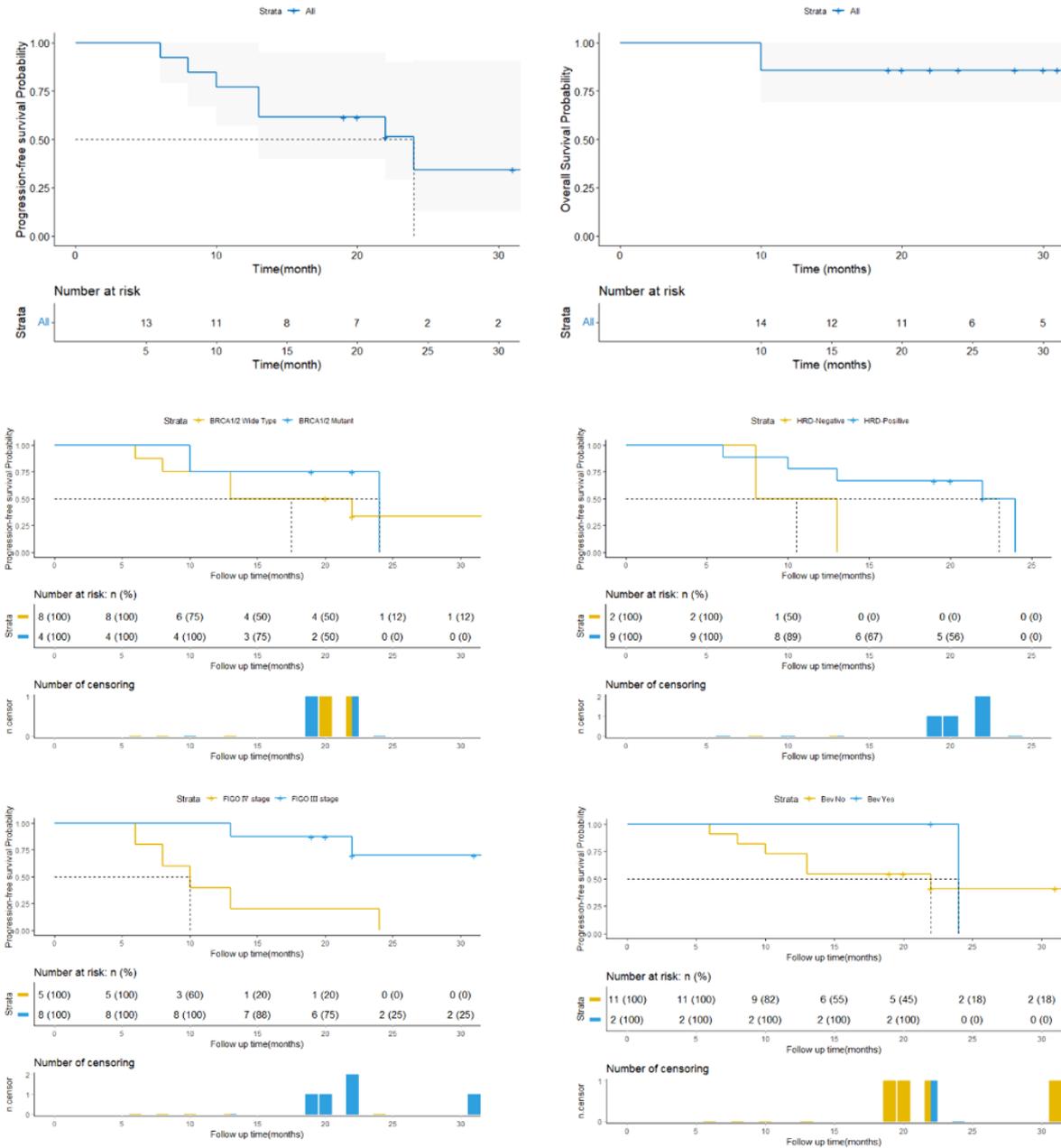
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Introduction: The FARE trial evaluated the efficacy and safety of alternating fluzoparib and oral etoposide as maintenance therapy in newly diagnosed advanced ovarian cancer (OC) patients not at high recurrence risk.

Methods: This study enrolled patients with FIGO stage III/IV OC who achieved CR/PR after first-line chemotherapy. Participants received fluzoparib (150 mg BID) for one month, alternating with etoposide (50 mg QD) for one month in a 4-week cycle. Primary endpoint was PFS by RECIST v1.1, and secondary endpoint was OS.

Results: At interim analysis, a total of 14 participants received treatment, including 4 patients (28.6%) with *BRCA1/2* mutations, 8 patients (57.1%) with wild-type *BRCA1/2*, and 2 patients (14.3%) with unknown *BRCA1/2* status, 9 patients (64.3%) were homologous recombination deficiency (HRD) -positive, 2 (14.3%) were HRD-negative, and 3 (21.4%) had undetermined HRD status. Among them, 5 patients (35.7%) were diagnosed with FIGO IV Stage, and 9 patients (64.3%) with FIGO III Stage. Median follow-up duration was 26.5 months. In the intention-to-treat population, the median PFS was 22.0 months. The median OS has not yet been reached, and the 24-month OS rate was 85.7%. The median PFS was 24.0 months for patients with *BRCA1/2* mutations and 17.5 months for those with wild-type *BRCA1/2* (HR=0.63). In the HRD-positive subgroup, the median PFS was 23.0 months, compared with 10.5 months in the HRD-negative subgroup (HR=0.18). No treatment discontinuation due to adverse events (AEs) was observed.



Conclusion/Implications: These results suggest that alternating fluzoparib-etoposide maintenance therapy is effective and safe, particularly in BRCA1/2-mutated and HRD-positive patients, warranting further investigation.

EP246 / #273

Topic: AS06. *Tumor Types / AS06d. Ovarian Cancer*

CODING FRAMEWORK FOR IDENTIFYING CHEMOTOXIC EVENTS OF CARBOPLATIN AND PACLITAXEL IN OVARIAN CANCER CHEMOTHERAPY

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Introduction: Intravenous chemotherapy with carboplatin and paclitaxel requires balancing drug efficacy with minimizing adverse events (AEs). To address this, the study aims to develop a coding framework for AEs specific to these chemotherapy agents, aiding in accurate AE identification within real-world datasets for ovarian cancer research. The outcome of the codes are in ICD-10 (International Classification of Diseases- 10th revision) codes but AE can be utilised universally.

Methods: A three-step forward coding process was employed: 1) Systematic review of meta-analyses of Phase III randomised controlled trials (RCTs) for carboplatin and paclitaxel combinations in ovarian cancer. Only studies in English, with sample sizes >500, were included, excluding other chemotherapy combinations. 2) ICD-10 codes were extracted from published chemotoxicity data. 3) A consensus review was conducted for ICD-10 codes based on the 2019 version. Searches included PubMed, Embase, and Cochrane CENTRAL (January 1st 1975 and October 24th 2024), focusing solely on AE outcomes.

Results: Among 129 systematic reviews/meta-analyses, two studies covering 5568 individuals from eight RCTs were included. The trials involved newly diagnosed FIGO stage I-IV epithelial ovarian cancer and advanced-stage FIGO III-IV cases. Seven RCTs reported grade 3–4 AEs, one documented grade 1 AEs, and four reported fatal AEs. A total of 231 ICD-10 codes related to carboplatin and paclitaxel AEs were compiled.

Conclusion/Implications: Using 3-digit ICD-10 codes, the framework maximizes inclusivity, enabling improved AE capture in real-world chemotherapy datasets, and supporting future research on ovarian cancer treatments.

EP247 / #221**Topic:** AS06. Tumor Types / AS06d. Ovarian Cancer**REAL-WORLD DATA ON PARP INHIBITORS' ADVERSE EVENTS IN PATIENTS WITH EPITHELIAL OVARIAN CANCER IN A CANCER CENTER IN OMAN**Aref Zribi¹, Minas Mahjoub Mohammedein Elhaj², Zaakya Al Habsi², Ikram Burney²¹University Medical City, Sultan Qaboos Comprehensive Cancer Care And Research Center, Muscat, Oman, ²sqccrc, Muscat, Oman

Introduction: The use of PARPi in the defective homologous recombination (HRD) patients has transformed the care of advanced epithelial ovarian cancer (EOC) with improvement in OS, but adverse events (AE) can be a limitation to their use. This study investigated the AE associated with first-line maintenance treatment with PARPi in patients with EOC using real-world data in a cancer center

Methods: We examined the incidence of grade 3 or higher AE, rates of interruptions, discontinuation and dose reductions in ovarian cancer patients treated with first-line maintenance PARPi from March 2022 to December 2024 in a cancer center in Oman

Results: Among 45 patients, median age was 57 years. Most of the patients had high-grade serous tumors. 18 patients had BRCA mutations, and 08 patients had HRD BRCAWt tumors. All patients started the PARPi (Olaparib) two months after finishing the adjuvant treatment. The median duration of treatment was 07 months (range 1-24). G3 or higher toxicities in PARPi were as follows: anemia, 05 patients; fatigue, 04 patients; and nausea and vomiting, 05 patients. No patients required discontinuation of PARPi, 09 patients required interruption of PARPi because of AE, and 08 patients required dose reduction, primarily because of nausea and vomiting. The duration from initiation of treatment to AE was 02 months (range 1-11)

Conclusion/Implications: PARP inhibitors have significantly improved the prognosis of ovarian cancer. While there is potential to ensure their safety and efficacy by continuing treatment through dose adjustments and interruptions in Omani populations, further investigation into their safety is warranted

EP248 / #222**Topic:** AS06. *Tumor Types / AS06d. Ovarian Cancer***HOMOLOGOUS RECOMBINATION STATUS AS A PREDICTOR FOR OPTIMAL CYTOREDUCTIVE RESECTION IN HIGH GRADE OVARIAN CANCER**Aref Zribi¹, Minas Mahjoub Mohammedein Elhaj², Ikram Burney²¹University Medical City, Sultan Qaboos Comprehensive Cancer Care And Research Center, Muscat, Oman, ²sqccrc, Muscat, Oman

Introduction: Residual disease following cytoreductive surgery in high-grade ovarian cancer (HGOC) is an independent prognostic marker of survival. Pre-operative complete cytoreduction (R0) prediction would allow for improved patient treatment pathway selection. Homologous recombination deficiency (HRD) is present in 50% of HGOC. This deficiency is caused by mutations in the genes involved in homologous recombination repair (HRR). The tumor's HRR status is established as a prognostic marker for progression-free survival. This study explores its value as a predictor for surgical cytoreductive status.

Methods: HGOC patients were classified as either HRD or HR proficient (HRP) based on the results of a defined gene panel analysis of their samples. Clinical data, disease demographics, and surgical outcomes of patients treated between March 2022 and December 2024 were collected retrospectively.

Results: Among 45 patients with HGOC, the median age was 57 years. Thirteen patients had pathogenic BRCA mutations, 8 had HRD BRCAwt disease, and 21 had HRP tumors. The HRP group with no residual disease demonstrated the most favorable outcome with a mean PFS of 27.2 months, while the HRP group with residual disease had a shorter mean PFS of 11.3 months. HRD patients exhibited more consistent outcomes, with a mean PFS of 19.0 months if there are no residual diseases and 15.7 months if residual disease.

Conclusion/Implications: HRR status can aid clinical decision-making by predicting the likelihood of R0 resection and guiding treatment choices. Residual disease may be a more significant prognostic factor in HRP patients compared to HRD patients. Further research is needed to confirm these findings.

EP249 / #223**Topic:** AS06. *Tumor Types / AS06d. Ovarian Cancer***ASSOCIATION OF TP53 MUTATIONS WITH CLINICAL OUTCOMES IN OVARIAN CANCER PATIENTS**Aref Zribi¹, Minas Mahjoub Mohammedein Elhaj², Hasan Al Sayegh², Ikram Burney²¹University Medical City, Sultan Qaboos Comprehensive Cancer Care And Research Center, Muscat, Oman, ²sqccrc, Muscat, Oman

Introduction: TP53 mutations are common genetic alterations in ovarian cancer, yet their impact on clinical outcomes remains incompletely understood. This study investigated the association between the TP53 mutation status and key clinical parameters in patients with ovarian cancer.

Methods: A retrospective study was conducted on ovarian cancer patients treated between March 2022 and December 2024; the TP53 status was analyzed. Progression-free survival (PFS) and the elimination rate constant of CA-125 (kelim) were compared between the TP53wt and the TP53 mutated groups using Mann-Whitney U tests. Statistical significance was set at $p < 0.05$.

Results: Among 44 patients, the median age was 57 years, and high-grade serous histology was the predominant type (70%). Most cases were at stage III (38.6%) and stage IV (31.8%). 20 patients harbored TP53 mutations, and 24 had wild-type TP53. Patients with TP53 mutations demonstrated significantly higher kelim values than those with wild-type TP53 (1.31 ± 0.38 vs. 0.84 ± 0.49 , $p = 0.0287$). Additionally, a trend toward shorter progression-free survival was observed in TP53-mutated patients compared to wild-type patients (14.90 ± 12.27 months vs. 22.46 ± 19.60 months, $p = 0.0513$). The categorical analyses did not reveal statistically significant differences based on TP53 mutation for BRCA status, HR status, and histology type

Conclusion/Implications: Our findings suggest that TP53 mutations in ovarian cancer are associated with significantly altered tumor kinetics as measured by kelim values and potentially reduced progression-free survival. These results highlight the potential utility of the TP53 mutation status as a prognostic biomarker in ovarian cancer management and may inform personalized treatment strategies.

EP250 / #224**Topic:** AS06. *Tumor Types / AS06d. Ovarian Cancer***VALIDATION OF CHEMOTHERAPY RESPONSE SCORE IN HIGH GRADE OVARIAN CARCINOMA IN POST NEO-ADJUVANT CHEMOTHERAPY PATIENTS IN OMAN**

Aref Zribi¹, Minas Mahjoub Mohammedein Elhaj², Nausheen Yaqoob², Hasan Al Sayegh², Ikram Burney²

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Introduction: The chemotherapy response score (CRS) has emerged as a simple and reproducible histopathological grading system for assessing chemotherapy response in patients affected by high-grade serous ovarian cancer (HGSO) and predicting optimal surgery. The present study aimed to validate the role of the CRS in patients with HGOC treated with neoadjuvant chemotherapy (NACT) followed by interval debulking surgery (IDS) on predicting residual disease after surgery

Methods: This is a single-center study in patients treated with NACT and IDS for HGSO in a cancer center in Oman between March 2022 and December 2024. Clinico-pathologic data, disease demographics, and surgical outcomes of patients were collected retrospectively

Results: 34 patients were treated, the median age was 57 years, and Most cases were at stage III (38.6%) and stage IV (31.8%). 20 patients were treated by NACT followed by IDS. CRS 2&3 were achieved in 7 patients. Patients with CRS 2&3 had optimal surgery with no residual disease and favorable CA-125 Elimination Rate Constant K (KELIM) of more than 1. There was a strong negative correlation (-0.764) between CRS score and residual disease ($p < 0.01$). As CRS scores increase, residual disease values tend to decrease. 04 patients in the CRS 2&3 had a complete radiologic response after NACT. The median PFS was 13 months, with no statistically significant difference between the CRS groups ($p=0.297$)

Conclusion/Implications: CRS 2&3 group was significantly associated with optimal surgery without any residual disease. CRS can be used as a biomarker in a practical clinical setting, suggesting its potential use in guiding treatment decisions

EP251 / #779

Topic: AS06. *Tumor Types / AS06e. Trophoblastic Disease & Rare Tumors*

PEMBROLIZUMAB IN CHEMO-RESISTANT GESTATIONAL TROPHOBLASTIC NEOPLASIA

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Introduction: Chemo-resistant gestational trophoblastic neoplasia (GTN) has poor prognosis and limited treatment options.

Methods: This is a retrospective study of chemo-resistant GTN who received Pembrolizumab. Patients with financial constraints received assistance.

Results: In this study, 2/6 patients continue to have complete remission after Pembrolizumab. One patient went into CR later. Another patient with SD after 2 cycles, eventually progressed due to unaffordability. There was one patient who had hyper progression and one is on treatment. Thus, 3 out of the 6 patients continue to be in remission.

| Patient No. | Pembro (Dose x Cycles) | Response | Duration Of Response (Months) | Subsequent Chemotherapy | Outcome |
|-------------|------------------------|------------------|-------------------------------|-------------------------|-----------------------|
| 1. | 200mg X 3 | CR | 30 | No | Alive, Disease free |
| 2. | 200mg X 5 | CR | 6 | No | Alive, Disease free |
| 3. | 100mg X 3 | SD | 1 | 2 Lines | Alive, Disease free |
| 4. | 200mg X 2 | SD | 1 | 1 Line | Death |
| 5. | 200mg X 1 | Hyperprogression | None | 1 Line | Alive, Active disease |
| 6. | 200mg X 4 | SD | Ongoing | No | Alive |

| Patient | Age (Yrs) | PDL-1 (%) | WHO Score | Previous number of chemotherapy regimens | b-hCG prior to Pembro | Duration of disease prior to Pembro (Months) |
|---------|-----------|-----------|-----------|--|-----------------------|--|
| 1. | 32 | 10 | 6 | 6 | 12722 | 36 |
| 2. | 41 | 55 | 13 | 4 | 215 | 19 |
| 3. | 42 | 52 | 9 | 3 | 144 | 35 |
| 4. | 28 | NA | 20 | 7 | 25431 | 33 |
| 5. | 27 | 85 | 6 | 3 | 93 | 7 |
| 6. | 33 | 15 | 9 | 4 | 636 | 48 |

Conclusion/Implications: Pembrolizumab is a promising therapy for chemo-refractory GTN. However, further studies will be needed to assess the factors predicting response, optimal dose and duration of response.

EP252 / #660**Topic:** AS06. Tumor Types / AS06e. Trophoblastic Disease & Rare Tumors**A 10 YEAR RETROSPECTIVE REVIEW OF SURGICAL OUTCOMES IN PATIENTS UNDERGOING HYSTERECTOMY FOR GESTATIONAL TROPHOBLASTIC DISEASE AT A TERTIARY CENTRE IN LONDON, UK**

Laura Bremner¹, George Lockett¹, Ava Daruwalla¹, Zain Velji¹, Nina Cooper^{1,2}, Baljeet Kaur³, Flavia Sorbi⁴, Adrian Lim^{1,2}, James Richard Smith^{1,2}, Joseph Yazbek^{1,2}, Tom Bourne^{1,2}, Reece Caldwell⁵, Naveed Sarwar⁵, Ehsan Ghorani⁵, Michael Seckl⁵, Srdjan Saso^{1,2}

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Introduction: Gestational Trophoblastic Disease (GTD) are a group of rare tumors characterised by abnormal proliferation of trophoblastic tissue and are often considered a highly vascular pathology. The aim of this study was to evaluate the surgical outcomes of patients undergoing a hysterectomy for GTD.

Methods: A retrospective cohort review of patients undergoing a hysterectomy following a diagnosis of GTD between January 2015 and January 2025 at a Tertiary GTD Centre in London was conducted. Information on cohort characteristics (age, BMI, ASA grade, parity, number of previous abdominal surgeries, pre-operative bHCG and size of uterus) and surgical outcomes (abdominal entry method, total time in theatre, intraoperative blood loss, intra- and post-operative complications, admission to ITU and readmissions) was collected.

Results: 169 hysterectomies were performed with median age at surgery of 40 (35-46) years. Median BMI was 28 (24-33) and 73% of patients were ASA 1- 2. 52% had no previous abdominal surgery. 78% of cases were performed laparoscopically. Median time in theatre was 128 (107-158) minutes. The median intraoperative blood loss was 150ml. Major haemorrhage (>1000 ml) occurred in one case and required an intraoperative blood transfusion. 3% had a postoperative red blood cell transfusion. There was one planned and one unplanned admission to ITU post-operatively. Intraoperative complication rate was 2% (three bladder serosal injuries). Post-operative complication rate was 5% (sepsis, vault haematoma, fistula, ileus, and relaparotomy for suspected bowel obstruction).

Conclusion/Implications: In a tertiary centre where the appropriate gynaecological, anaesthetic, radiological and histological faculties are available, GTD can be managed surgically with low complication rates.

EP253 / #899

Topic: AS06. *Tumor Types / AS06e. Trophoblastic Disease & Rare Tumors*

HIGH RISK GESTATIONAL TROPHOBLASTIC NEOPLASIA IN A MIDDLE – INCOME SETTING: A RETROSPECTIVE REVIEW OF MANAGEMENT AND OUTCOMES IN A SINGLE TERTIARY INSTITUTION IN SOUTH AFRICA.

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Introduction: In South Africa, the incidence of high risk gestational trophoblastic neoplasia (GTN) and the impact of chemotherapy outcomes is largely unknown. This study evaluated treatment outcomes and identified independent prognostic factors associated with chemotherapy failure in women with high-risk GTN.

Methods: Retrospective data was collected from records of women with high-risk GTN managed at Groote Schuur Hospital, Cape Town, from January 2008 to December 2022. Clinical characteristics, treatment regimens, and outcomes were analysed.

Results: 95 women treated for GTN during the study period, 34 met inclusion criteria for high-risk disease. Median age was 33 years, and 35.3% had ultra-high-risk scores (≥ 12). Most patients (76.5%) received EMA/CO as first-line chemotherapy, with a complete sustained remission rate of 88.2%. Mortality occurred in 11.8% of patients (2 early and 2 late deaths), with ultra-high-risk disease accounting for 50% of all deaths. Risk factors associated with mortality included non-molar antecedent pregnancies, high metastatic burden, stage IV disease, and FIGO scores ≥ 12 . TE/TP was used in selected patients with favourable remission rates and manageable toxicity. Delays in diagnosis and treatment initiation were noted in over one-third of patients, likely due to socioeconomic barriers and health system limitations.

Conclusion/Implications: High-risk GTN can be effectively treated in a resource-limited setting, with remission rates comparable to international standards. However, early deaths and treatment-related toxicity remain concerns. Identifying patients at risk for poor outcomes—particularly those with ultra-high-risk disease—can guide the use of induction regimens and support tailored management strategies.

EP254 / #820

Topic: AS06. *Tumor Types / AS06e. Trophoblastic Disease & Rare Tumors*

DISSEMINATED PERITONEAL LEIOMYOMATOSIS AS A TOPICAL ISSUE OF RARE GYNECOLOGICAL TUMORS

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Introduction: **Disseminated peritoneal leiomyomatosis (DPL)** is an extremely rare disease characterized by the presence of multiple nodular formations spread over the peritoneum, similar to metastases of a malignant tumor, but having the histological structure of leiomyoma and characterized by prognostically favorable course.

Methods: A retrospective analysis of 5 clinical cases of DPL in patients aged 39-50 years (average age was 46.2 years) who underwent surgical treatment at the National Cancer Institute from 2010 to 2021 was carried out. In all 5 patients, the diagnosis of DPL (8898/1) was verified according to the data of pathohistological (using routine staining with hematoxylin/eosin) and immunohistochemical (IHC) studies.

Results: An analysis of the presented cases of DPL demonstrated that the disease has various types of clinical manifestation and mostly associated with leiomyoma and endometriosis, has surgical treatment with a laparotomy approach, the extent and radicality of which depended on the localization and number of tumor foci. (See Table1). At the time of follow-up all 5 patients are alive without relapse or the progression of the disease.

Table 1. Clinical features of DPL cases

| Patient, age | Gynecologic History | Clinical Manifestation | Surgery Volume | Follow-Up |
|--------------|---|---|---|---|
| G., 47 | Hysterectomy without appendages due to leiomyoma and endometriosis in 2011. Bilateral adnexectomy, excision and suturing of vaginal stump due to endometriosis in 2013 and 2015. | Symptoms of right-sided pleurisy and ascites. | Multiple biopsy of peritoneal heterotopias. Omental resection. | Alive. The phenomena of right-sided pleurisy persist. She receives anti-estrogens on permanent basis. |
| R., 49 | Total hysterectomy for large uterine fibroids in 2007. | Symptoms of chronic pain in the right half of the abdomen. Ureterohydronephrosis on the right and compression of the urinary bladder from the outside. | Removal of the retroperitoneal pelvic tumor. Resection and reconstruction of the right external iliac vein. Retroperitoneal lymph node dissection on the right. | Alive. Without relapse of the disease. |
| P., 39 | Supravaginal amputation of uterus with right appendages due to endometriosis in 2001. | Abdominal pain during the year, bloating, increase in the volume of the abdomen. | Cervix stump extirpation, omentum stump extirpation, pelvic peritonectomy. | Alive. Without relapse of the disease. |
| B., 50 | No available data. | Symptoms of acute intestinal obstruction. A transversostomy was performed urgently due to diagnosis of sigmoid colon tumour with involvement of uterus and left appendages by CT and MRI scans. | Adnexectomy on the left. Transversostomy closure. | Alive. Without relapse of the disease. |
| Yu., 46 | Laparoscopic removal of ovarian cyst in 2020. | Symptoms of chronic abdominal pain, the patient independently discovered the presence of neoplasm in the abdominal cavity. | Total hysterectomy. Omentectomy. Pelvic peritonectomy. Resection of the serous membrane of the cecum. | Alive. Without relapse of the disease. |

Conclusion/Implications: DPL is essentially a benign disease, with radical surgical removal the tumor substrate of which, patients have an absolutely favorable prognosis for further life. However, taking into account the peculiarities of the biological behavior of the process, the high requirements for the surgical skills of doctors during the operation, the possibility of involving a multidisciplinary team, such patients should be treated in highly specialized oncology centers, where all conditions are available to perform such surgical interventions.

EP255 / #842

Topic: AS06. *Tumor Types / AS06e. Trophoblastic Disease & Rare Tumors*

GESTATIONAL TROPHOBLASTIC DISEASE MANAGED AT PELONOMI AND UNIVERSITAS TERTIARY HOSPITALS: A SIX-YEAR DESCRIPTIVE STUDY.

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Introduction: This study aims to audit the clinical profile and outcomes of patients diagnosed with GTD at Pelonomi and Universitas Academic Hospitals over six-year period.

Methods: This retrospective descriptive study was conducted with data retrieved from the clinical records of patients diagnosed with confirmed GTD or GTN on histology, from January 2018 to December 2023. This includes cases of persistent GTD referred to the Oncology Department at Universitas Hospital for further management.

Results: A total of 83 cases met the inclusion criteria. The study mostly consisted of women aged 15-35 years (73.5%). Clinical presentations varied, with 28 patients (33.7%) presenting with PV bleeding, and 17 (20.5%) had clinical hyperthyroidism. Histopathological analysis revealed that 6 (7.2%) patients had a partial mole, 66 (79.5%) had a complete mole, 4 (4.8%) had an invasive mole, 6 (7.2%) were diagnosed with choriocarcinoma, and 1 (1.2%) had an epithelioid trophoblastic tumour; treatment outcomes revealed that 39 % were cured following uterine evacuation, 30% transitioned to GTN during follow up and 20 patients (30 %) defaulted on follow-up. GTN patients who received chemotherapy achieved a significant cure rate of 80%, while 20% defaulted treatment.

Conclusion/Implications: This audit of patients with GTD at Pelonomi and Universitas Academic Hospitals demonstrates the challenges in the management of patients with GTD and GTN. The data show a high cure rate of GTD after uterine evacuation. However, the higher rates of follow-up default among patients with GTN highlight an important area for improvement in patient adherence to treatment approaches.

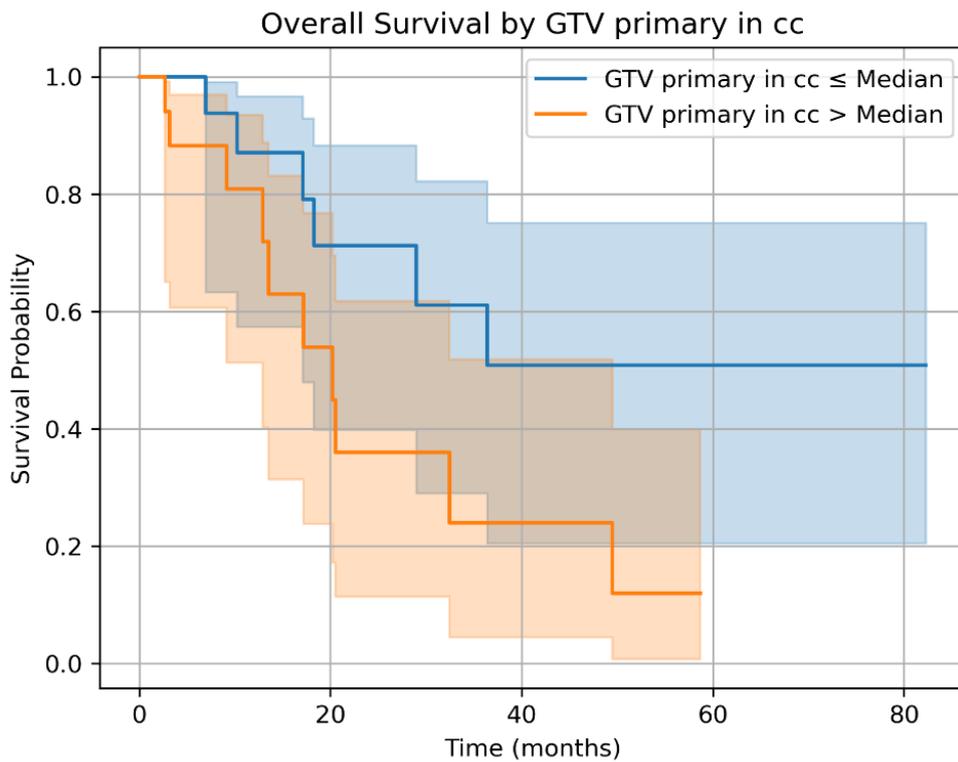
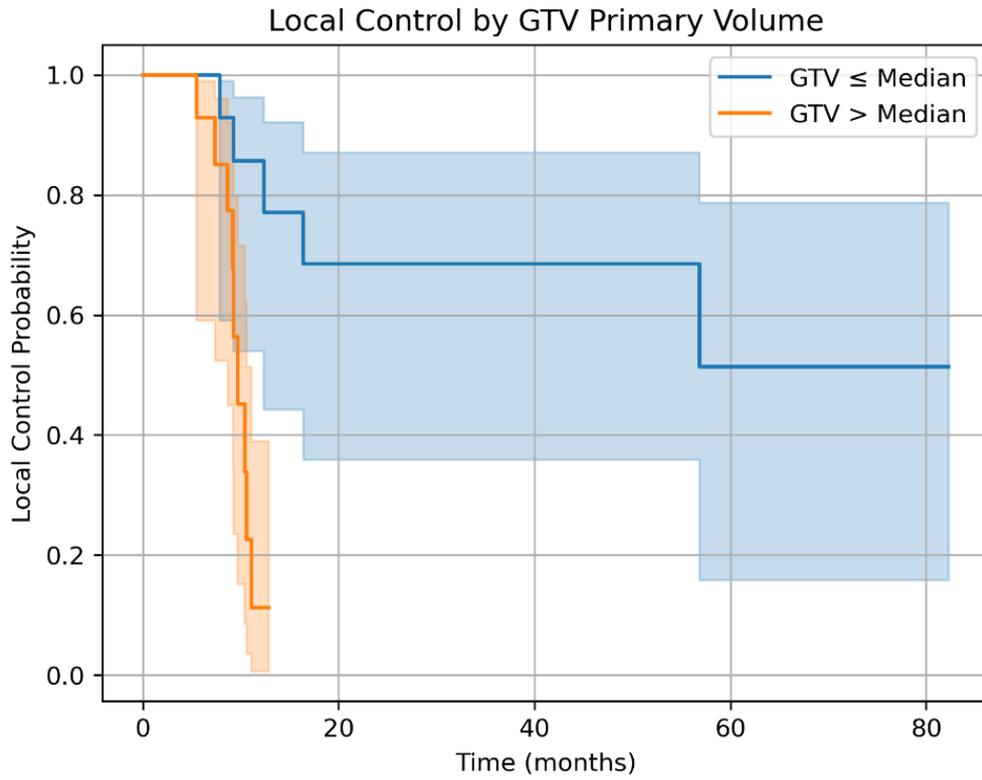
EP256 / #947**Topic:** AS06. Tumor Types / AS06f. Vulvar & Vaginal Cancer**DEFINITIVE RADIOTHERAPY FOR UNRESECTABLE VULVAR CANCER: OUTCOMES AND PROGNOSTICS FROM A SINGLE-INSTITUTION EXPERIENCE**

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King Hussein Cancer Center, Radiation Oncology, AMMAN, Jordan

Introduction: Definitive radiotherapy (dRT) is a potentially curative option for patients with unresectable locally advanced vulvar cancer (LAVC). However, data on efficacy and predictors of treatment failure remain limited.

Methods: We retrospectively evaluated patients with unresectable LAVC treated with dRT between 2018 and 2024. Outcomes included local control (LC), regional control (RC), distant metastasis-free survival (DMFS) and overall survival (OS), analyzed via uni- and multivariable Cox regression. Analyses were performed using Python version 3.12.7.

Results: Thirty-five patients with a median age of 59 years were included, most with FIGO stage III-IV (77%). The majority (94.3%) received concurrent cisplatin-based chemotherapy; only 14.3% had nodal debulking before dRT. The median vulvar radiation dose was 65.0 Gy, and the median radiotherapy duration was 56 days. The median primary gross tumor volume (GTV) was 47.36 cc. At two years, the rates of LC, RC, DMFS, and OS were 44.5%, 64.1%, 67.6%, and 54.9%, respectively. On multivariable analyses, larger primary GTV was significantly associated with worse LC (HR: 1.005, 95% CI: 1.002–1.009, $p = 0.0009$) (**Figure 1**). Also, smaller primary GTV (HR: 1.005; 95% CI: 1.001–1.009; $p = 0.020$) (**Figure 2**), higher vulvar dose (HR: 0.75; 95% CI: 0.63–0.89; $p = 0.0007$) and stage I-II (vs III-VI, HR: 5.00; 95% CI: 0.82–30.41; $p = 0.080$) were associated with better OS.



Conclusion/Implications: Local control remains the primary challenge in the treatment of LAVC. Further research is needed to optimize modifiable factors to improve survival.

EP257 / #774**Topic:** AS06. Tumor Types / AS06f. Vulvar & Vaginal Cancer**IMPACT OF PET-CT AND CT ON CLINICAL STAGING AND TREATMENT DECISION-MAKING IN VULVAR CANCER AT A TERTIARY RADIATION ONCOLOGY UNIT**Sheynaz Bassa¹, Krishanthavathie Pillay¹, Surbhi Grover²¹University of Pretoria, Radiation Oncology, Pretoria, South Africa, ²University of Pennsylvania, Radiation Oncology, Philadelphia, United States of America

Introduction: Accurate staging is critical in vulvar cancer to guide treatment decisions and avoid under- or overtreatment. This study assessed the impact of PET-CT and CT imaging on clinical staging and treatment intent in patients with vulvar cancer managed at the Department of Radiation Oncology, Steve Biko Academic Hospital.

Methods: A retrospective analysis was conducted on 252 patients diagnosed with vulvar cancer between 2018 and 2023. Patients underwent either PET-CT (n=104) or CT (n=46) prior to determining treatment intent. Clinical stage was compared to post-imaging stage to assess changes in staging direction (upstaged, downstaged, unchanged). Outcomes were stratified by final treatment intent (curative vs palliative).

Results: PET-CT altered clinical stage in 78.6% (n=82) of patients, with upstaging in 35.6% (n=32) and downstaging in 10.0% (n=9). CT altered stage in 85.0% (n=35), with 22.0% (n=9) upstaged and 14.6% (n=6) downstaged. Among palliatively treated patients, PET-CT upstaged 40.0% (n=10), and CT upstaged 25.0% (n=6). PET-CT was used more frequently in curatively treated patients (67.0%, n=75) than in palliative cases (22.3%, n=29). As imaging preceded treatment decision-making, the high rate of upstaging—particularly with PET-CT—likely influenced reclassification to palliative treatment in a subset of patients.

Conclusion/Implications: Both PET-CT and CT significantly impacted staging in vulvar cancer. PET-CT was more frequently associated with upstaging and was more commonly used in patients considered for curative treatment. These findings highlight the critical role of imaging in informing individualized treatment planning.

EP258 / #994**Topic:** AS06. Tumor Types / AS06f. Vulvar & Vaginal Cancer**THE LANDSCAPE OF VULVAR CANCER SURVIVAL AND TREATMENT CHARACTERISTICS IN BOTSWANA**

Kelly Becht¹, Bethel Adefres¹, Hafsa Khalil², Caroline Kernell², Sheldon Amoo-Mitchual³, Brett Tortelli², Kgosi Hughes⁴, Megan Kassick^{3,5}, Magda Anchondo², Gauthami Moorkanat³, Darlene Kwamboka³, Barati Monare⁵, Rebecca Ketlametswe⁵, Aparna Kambhampati², Kinza Meghani², Hakim Sughra⁵, Marata Tafadzwa⁵, Wuraola Oyegoke⁶, Peter Vuylsteke⁷, Juan Ariel Olivia Diaz⁶, Lisa Bazzett-Matabele⁸, Memory Bvochora-Nsingo⁹, Surbhi Grover^{3,5}

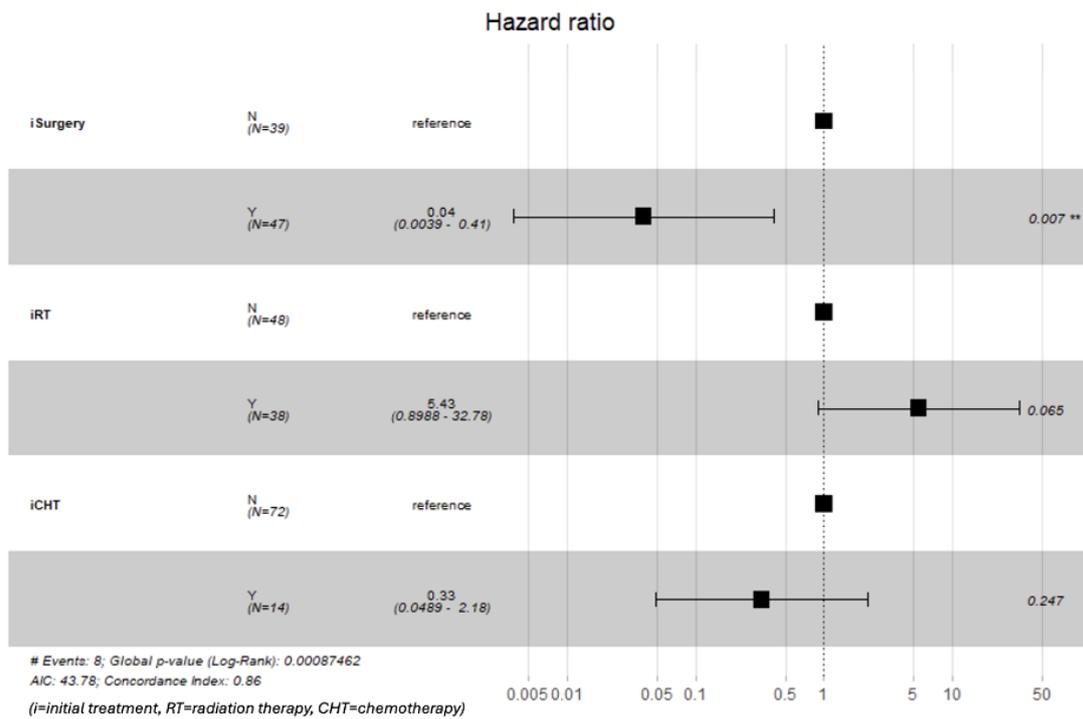
¹Yale School of Medicine, Therapeutic Radiology, New Haven, United States of America, ²University of Texas Southwestern Medical Center, Dallas, United States of America, ³University of Pennsylvania, Radiation Oncology, Philadelphia, United States of America, ⁴University of Oklahoma College of Medicine, Oklahoma City, United States of America, ⁵Botswana-University of Pennsylvania Partnership, Gaborone, Botswana, ⁶Princess Marina Hospital, Gaborone, Botswana, ⁷Brugmann Hospital, Vrije Universiteit Brussel, Brussels, Belgium, ⁸University of Botswana, Gaborone, Botswana, ⁹Gaborone Private Hospital, Gaborone, Botswana

Introduction: The incidence of vulvar cancer in Botswana is greater than the global incidence due to high rates of HIV and HPV in the region. In this study, we evaluated patients with vulvar cancer treated in Botswana to define survival and characterize treatment factors impacting patient outcomes.

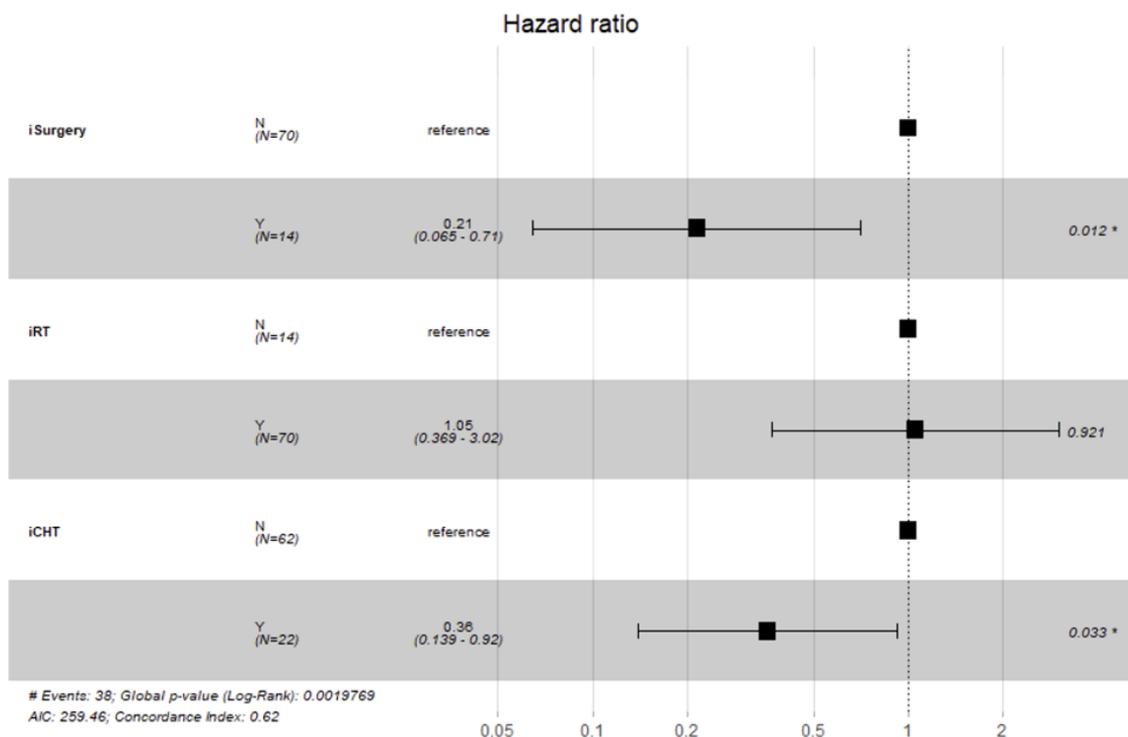
Methods: A total of 199 patients with vulvar cancer treated in Botswana were enrolled from 2016-2023. Clinical and demographic data were collected during patient visits and descriptive statistics were performed. Survival outcomes were analyzed using log-rank tests for univariate comparisons and Cox proportional hazard regressions for multivariate comparisons.

Results: Median age was 45 years (IQR 40-50). HIV prevalence was 89% (median CD4 count 524). Cancer staging revealed 86 patients (51%) with early-stage disease (FIGO I/II) and 84 patients (49%) with advanced-stage disease (FIGO III/IV). Initial management varied by stage: 43% of early-stage patients received surgery and 33% radiation, while 2% of advanced-stage patients received surgery and 69% radiation. Median overall survival (OS) was 5.2 years. OS varied by clinical stage ($p < 0.001$), with a 5-year OS of 78% (95% CI 64.1-95.6) for early-stage and 28% (95% CI 15.9-47.9) for advanced-stage disease. On multivariate analysis, surgery (HR 0.04, 95% CI 0.004-0.41) was significantly associated with survival in early-stage disease. In advanced-stage disease, surgery (HR 0.21, 95% CI 0.07-0.71) and chemotherapy (HR 0.36, 95% CI 0.14-0.92) were significantly associated with survival.

Association Between Initial Management and Survival, Early-Stage Vulvar Cancer (FIGO Stage I/II)



Association Between Initial Management and Survival, Advanced-Stage Vulvar Cancer (FIGO Stage III/IV)



Conclusion/Implications: Early-stage vulvar cancer and initial management with surgery regardless of stage are strongly associated with improved survival for patients treated in Botswana.

EP259 / #541**Topic:** AS06. Tumor Types / AS06f. Vulvar & Vaginal Cancer**RECURRENCE PATTERNS AND PROGNOSTIC FACTORS IN VULVAR EXTRAMAMMARY PAGET'S DISEASE: A RETROSPECTIVE COHORT ANALYSIS**

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Introduction: Vulvar Extramammary Paget's Disease (EMPDV) is a rare intraepithelial malignancy with a high propensity for local recurrence. Surgical excision remains the primary treatment modality but, due to its rarity, standardized treatment approaches and prognostic indicators remain limited. We aimed to evaluate recurrence patterns and identify clinical and therapeutic factors associated with disease relapse

Methods: Women with histopathological diagnosis of EMPDV referred to our institution from January 2014 to December 2024 were considered. Clinical-pathological features, treatment modalities, and factors associated with disease recurrence were retrospectively analyzed. Univariate and multivariate analysis was conducted to identify factors associated with recurrence.

Results: Patients diagnosed with EMPDV were evaluated over a median follow-up of 36 months. Among the 71 patients included, 35 (49.3%) experienced recurrence, with a median disease-free survival of 61.5 months (95% CI: 35.1–95.9). Factors significantly associated with recurrence included multifocality (OR 3.12, 95% CI: 1.15–8.49, $p=0.026$) and the type of initial treatment. Specifically, patients treated with simple excision had a higher recurrence risk compared to those receiving wide excision with flaps (OR 2.87, 95% CI: 1.00–8.22, $p=0.050$). Interestingly, in 25.7% of cases, recurrence occurred at a different site from the primary location. Further recurrences were observed in 68.6% of the cases.

Conclusion/Implications: Vulvar EMPD carries a substantial risk of recurrence, particularly among patients with multifocal disease and those undergoing less extensive primary surgical approaches. Recurrences frequently occur at new anatomical sites, emphasizing the need for prolonged and meticulous surveillance. Tailored multidisciplinary strategies may improve long-term outcomes in this challenging patient population.

EP260 / #769**Topic:** *AS06. Tumor Types / AS06f. Vulvar & Vaginal Cancer***EPIDEMIOLOGICAL PROFILE OF VULVAR CANCER IN BRAZIL: A NATIONWIDE ANALYSIS FROM 2013 TO 2022**Gabriela Chaves, Stany De Paula

Hospital Vila da Serra, Belo Horizonte, Brazil

Introduction: Vulvar cancer is a rare gynecologic malignancy, accounting for less than 5% of female genital tract cancers. Despite its low incidence, it has significant clinical and social impact, especially among aging and vulnerable populations. Most epidemiological data come from high-income countries, limiting the understanding of this disease in different socioeconomic contexts. There is a notable lack of studies from low- and middle-income countries, such as Brazil, where regional disparities and barriers to public healthcare access directly affect diagnosis and treatment. This study aims to address this gap through a comprehensive nationwide analysis.

Methods: A descriptive ecological study was conducted using data from DATASUS. Hospitalizations for malignant neoplasm of the vulva from 2013 to 2022 were included. Data were analyzed by age group, geographic region, and year, and expressed as absolute and relative frequencies.

Results: A total of 14,412 hospitalizations were recorded during the study period. Most cases occurred in patients aged ≥ 70 years. The Southeast region had the highest absolute number, while the North had the highest relative proportion. Mortality remained relatively stable.

Conclusion/Implications: This study highlights the importance of local data to inform public policies. Outcomes from high-income countries may not reflect the reality in developing nations, where inequality and healthcare access play a critical role in cancer prognosis.

EP261 / #762**Topic:** AS06. Tumor Types / AS06f. Vulvar & Vaginal Cancer**ADJUVANT INTENSITY MODULATED RADIOTHERAPY VERSUS CONVENTIONAL RADIOTHERAPY IN NODE-POSITIVE VULVAR SQUAMOUS CELL CARCINOMA: RETROSPECTIVE REVIEW OF OUTCOME AND TOXICITY**

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University Hospital Birmingham, Oncology, Birmingham, United Kingdom

Introduction: Adjuvant radiotherapy with or without concurrent chemotherapy is indicated in node positive squamous cell carcinoma of the vulva. Conventional radiotherapy is associated with significant toxicity. Intensity modulated radiotherapy (IMRT) is now the standard treatment for vulvar cancer. IMRT reduces the dose to the organs at risk, while maintaining adequate tumour volume coverage. The objective of this study is to compare the outcomes in terms of local control and toxicity for both techniques.

Methods: 89 cases with a median age of 72 (range, 48 – 96) were treated with adjuvant radiotherapy for stage 3C vulvar cancer from 1999 to 2023. 47 patients were treated with conventional radiotherapy (conventional opposed fields and 3-D conformal radiotherapy) and 42 patients treated with IMRT. Concurrent chemotherapy was used in 44 patients.

Results: The median follow-up was 82 months (range, 12 - 236). Median radiotherapy dose with conventional radiotherapy was 46.5 Gy and with IMRT was 50.4 Gy (range, 45 - 60). The 3-year locoregional control and overall survival for those receiving conventional radiotherapy were 74.5% and 62%, respectively. The 3-year locoregional and overall survival for those receiving IMRT were 81% and 71.4%, respectively. There was no difference in the acute skin toxicity between the different techniques but significantly less acute and late grade ≥ 3 gastrointestinal and genitourinary toxicities with IMRT.

Conclusion/Implications: Adjuvant IMRT for stage 3C vulvar cancer is superior to conventional radiotherapy with higher local control rates, survival and reduced toxicity. The delivery of concurrent chemotherapy to further improve outcomes is more feasible with IMRT due to smaller fields and reduced toxicity.

EP262 / #661**Topic:** AS06. *Tumor Types / AS06f. Vulvar & Vaginal Cancer***OUTCOMES OF LOCALLY ADVANCED VULVAR CANCER PATIENTS TREATED WITH DEFINITIVE CONCURRENT CHEMORADIATION AT GROOTE SCHUUR HOSPITAL FROM JANUARY 2008-JANUARY 2020**Adnaan Sayed¹, Caroline Kernell², Linda Rogers³, Surbhi Grover⁴, [Nazia Fakie](#)¹¹University of Cape Town, Radiation Oncology, Cape Town, South Africa, ²University of Texas at Southwestern, Dallas, United States of America, ³University of Cape Town, Gynaecology Oncology, Cape Town, South Africa, ⁴University of Pennsylvania, Radiation Oncology, Philadelphia, United States of America**Introduction:** Vulvar cancer, though rare among gynaecologic malignancies, poses a significant health challenge in low- and middle-income countries, especially where the burden of HIV is high. Data on treatment outcomes for patients with advanced-stage disease remain limited.**Methods:** Retrospective data was collected from vulvar cancer patient medical records diagnosed between 2008–2020 at a public cancer centre in South Africa. Demographic, clinical, treatment and outcomes data were collected.**Results:** The median age of participants was 48 years. The median OS for the cohort was 41.0 months (95% CI 11.61–70.39 months), while the median DFS was 21.0 months (95% CI 4.63–37.38 months). 14 participants (48%) were HIV-positive. 6 participants (21%) presented with stage II disease, whereas 23 participants (79%), were diagnosed with stage III/IVA vulvar cancer. Participants with a complete response exhibited a significantly higher 5-year OS rate of 68%, compared to 0% among those with partial response or progressive disease (HR: 0.11, $p < 0.001$). DFS outcomes were similarly significant, with a 5-year DFS rate of 46% in the complete response group versus 0% in the partial response/progression group (HR: 0.16, $p = 0.002$).**Conclusion/Implications:** The survival outcomes for women treated with chemoradiation in our cohort were suboptimal. Several factors likely influenced these outcomes, including age at presentation, HIV status, disease stage at diagnosis, and rates of treatment completion and response. Notably, patients who achieved a complete response to treatment exhibited significantly improved survival outcomes compared to those with only a partial response.

EP263 / #672**Topic:** AS06. Tumor Types / AS06f. Vulvar & Vaginal Cancer**FEASIBILITY AND SAFETY OF REAL-TIME NEAR-INFRARED FLUORESCENCE TRACER IMAGING IN SENTINEL NODE BIOPSY FOR VULVA CANCER PATIENTS**Ligita Frøding¹, Anders Christensen¹, Elisabeth Kristensen¹, Jann Mortensen¹, Tine Schnack²¹Copenhagen University Hospital, Copenhagen, Denmark, ²Odense University Hospital, Odense, Denmark

Introduction: Sentinel node (SN) biopsy is a safe staging method in patients with vulvar squamous cell carcinoma (VSCC). Near-infrared fluorescence (NIRF) imaging using indocyanine green (ICG) has recently been introduced. The purpose of this study was to evaluate the feasibility and safety of NIRF imaging for SN detection in conjunction with conventional radio-guided technique.

Methods: Consecutive patients with primary VSCC, unifocal tumor < 4 cm with no suspicious nodes were included prospectively during 2018-2022 in this observational single-center study. Bimodal tracer (ICG-99mTc-Nanocoll) was injected peritumorally and followed by lymphoscintigraphy (LSG). Intraoperatively SNs were detected with a hand-held gamma-probe and NIRF camera.

Results: SN procedure was performed in 115 patients (37 uni- and 78 bilaterally), corresponding to 193 groins. Sentinel node detection rate on LSG and perioperatively per groin were 84.7% and 90.6% respectively. The unilateral SN detection rate perioperatively was 97 % in all patients, while bilateral detection rate in midline tumors was 82%. In 20 groins (10.4%) the SN mapped with ICG only and majority of these patients (80%) were with a midline tumor. Twenty-five patients (21.7%) presented with SN metastases. During the median follow up of 52month (IQR 39-67) 28 patients developed a recurrence localized in vulva (n=18 (15.7)), groin (n=2 (1.7)), vulva and groin (n=6 (5.2)) and distant metastases (n=2 (1.7)). Of the 162 negative groins the isolated groin recurrences rate was 1.8%.

Conclusion/Implications: A combination of fluorescent and radioactive technique using ICG-99mTc-Nanocoll for detection of SN is feasible and a safe treatment option for patients with clinically low stage vulvacancer.

EP264 / #470**Topic:** AS06. Tumor Types / AS06f. Vulvar & Vaginal Cancer**RECURRENCE IN ADVANCED VULVAR CANCER (FIGO III-IVA) : CHARACTERISTICS ANALYSIS OF LOCAL AND DISTANT RELAPSES**

Alizée Lebeau¹, Sylvie Pauwen², Clara Darimont³, Meuris Fiona³, Laurence Seidel⁴, Elodie Gonne², Frédéric Goffin¹, Athanasios Kakkos³, Frédéric Kridelka¹, [Christine Gennigens](#)²

¹CHU of Liège, Gynecologic Oncology, Liège, Belgium, ²CHU of Liège, Medical Oncology, Liège, Belgium, ³CHU Liège, Gynecologic Oncology, Liège, Belgium, ⁴CHU Liège, Biostatistique Et Méthodes De Recherche (b-stat), Liège, Belgium

Introduction: Advanced-stage vulvar cancer (FIGO 2021 III-IV) has a 5-year recurrence rate of 43%. Improving our knowledge on characteristics of local and distant (poorer prognosis) relapses, are essential to adapt treatment intensity. We collected clinical and histological data at diagnosis to identify risk factors for distant recurrences.

Methods: We conducted a retrospective cohort study of patients diagnosed with advanced-stage vulvar cancer (FIGO 2021 stages III-IV) between January 2010 and December 2023 at CHU of Liège. In our population, three groups were analyzed : no / local and distant recurrences (including nodal and visceral metastases). Risk factors for distant recurrences have been identified by analyzing clinical and histological features at diagnosis. Comparisons between groups were made using Chi-square and t-Student/Kruskal-Wallis tests.

Results: Among the 67 patients with advanced-stage vulvar cancer, 13 (19.4%) / 16 (23.9%) and 38 (56.7%) patients experienced local, distant and no relapses, respectively. Several different characteristics emerged between local and distant recurrences population : suspicious lymph nodes on PET-scan were observed in all patients (100%) with distant compared to 50% of those with local recurrence ($p = 0.0031$). Additionally, tumor size was significantly larger (49 mm vs. 28.5 mm, $p=0.0046$), and stromal invasion was deeper (12 mm vs. 9 mm, $p=0.048$). No characteristics were found to distinguish patients with local from those without recurrences.

Conclusion/Implications: The more "aggressive" the tumor (larger size, deeper stromal invasion, suspicious lymph nodes), the higher the risk of distant recurrences. No distinct clinical or histological features have been identified for local recurrences.

EP265 / #857**Topic:** AS06. Tumor Types / AS06f. Vulvar & Vaginal Cancer**RADIATION THERAPY IN EARLY-STAGE VULVAR CANCER: A MONOCENTRIC RETROSPECTIVE STUDY**Sylvie Pauwen¹, Alizée Lebeau^{1,2}, Meuris Fiona², Clara Darimont², Laurence Seidel³, Frédéric Kridelka², Christine Gennigens¹¹CHU of Liège, Medical Oncology, Liège, Belgium, ²CHU of Liège, Gynecologic Oncology, Liège, Belgium, ³CHU Liège, Biostatistique Et Méthodes De Recherche (b-stat), Liège, Belgium**Introduction:** Standard-of care treatments for early-stage vulvar cancer include wide local excision and lymph node assessment (depth of invasion >1mm) followed by adjuvant radiotherapy according to the risk of recurrence. This study aims to compare the characteristics of patients receiving or not adjuvant radiotherapy in this setting.**Methods:** Between January 2010 and December 2023, we conducted a monocentric retrospective study of 144 patients treated for early-stage vulvar cancer (FIGO2021 I-II) at the CHU of Liege. Comparisons between groups were evaluated by Chi-square and Student tests regarding qualitative and quantitative variables, respectively.**Results:** The median of follow up was 36 months. Among our population, 14.6% (n=21) of patients received radiotherapy. Among those, the average BMI was higher (29.6 vs 25 for patients not receiving radiotherapy, p=0.018). 61.9% of patients underwent inguinofemoral lymphadenectomy (vs 21.1% p=0.0003). Surgical tumor resection wasn't performed in a third (33%) of the patients receiving radiotherapy (vs 3.3%, p=0.0001). Tumor resection was incomplete in 30.8% (vs 7.7%, p= 0.026). Surgical margins were closer (0.7mm vs 2.5mm, p= 0.0054). Average tumor size and depth of invasion were higher/deeper, respectively 31.5mm vs 12mm (p <0.0001) and 7mm vs 2mm (p=0.0008). A majority had lymphovascular and/or perineural invasion (77% vs 47.8%, p= 0.0044).**Conclusion/Implications:** Tumor size, depth of invasion, lymphovascular/perineural invasion, surgical margins and no or incomplete surgical resection are the main factors leading to adjuvant radiotherapy in our early-stage vulvar cancer population. Further work is needed to better evaluate the impact of this treatment on survival outcomes.

EP266 / #738**Topic:** AS06. Tumor Types / AS06f. Vulvar & Vaginal Cancer**IS A SENTINEL LYMPH NODE BIOPSY OF BENEFIT IN VULVAR TUMORS ≥ 4 CM?**

Stephanie Gill^{1,2}, Karlijn Cornel^{1,2}, Isabella Aversa^{1,2}, Brenna Swift^{1,2}, Allan Covens^{1,2}, Danielle Vicus^{1,2}, Rachel Kupets^{1,2}, Lilian Gien^{1,2}

¹Sunnybrook Health Science Center, Gynecologic Oncology, Toronto, Canada, ²University of Toronto, Obstetrics And Gynecology, Toronto, Canada

Introduction: Evaluate the feasibility of sentinel lymph node (SLN) biopsy in tumors ≥ 4 cm, and compare groin recurrence rates to tumors < 4 cm.

Methods: Retrospective cohort study including patients with invasive vulvar squamous cell carcinoma treated at a tertiary center (2008–2024). Eligible patients underwent primary surgical excision with SLN biopsy. SLN procedures in ≥ 4 cm tumors were at surgeon discretion based on clinical factors. Analysis included descriptive statistics, Kaplan-Meier curves for groin RFS, and multivariate analysis by Cox proportional hazard model.

Results: Among 298 patients (490 groins), 233 had tumors < 4 cm, 65 had tumors ≥ 4 cm. A SLN was identified in 93.85% of tumors ≥ 4 cm. Larger tumors were associated with older age ($p=0.04$), deeper depth of invasion ($p<0.0001$), higher grade ($p<0.0001$), and LVSI ($p=0.0002$). Tumors ≥ 4 cm had significantly more positive SLNs ($p=0.04$), extracapsular extension ($p=0.01$), and groin node dissections (GND) ($p=0.048$). Among 339 groins with negative SLN (275 in < 4 cm and 64 in ≥ 4 cm tumors), isolated groin recurrences occurred in 15.6% of larger tumors and 5.1% of smaller tumors ($p=0.0002$). Median groin RFS was shorter for tumors ≥ 4 cm (16.9 months) versus < 4 cm (37.1 months) ($p=0.0097$). Multivariate analysis revealed tumor size ≥ 4 cm was associated with increased risk of groin and distant recurrence (HR 1.21, 95% CI: 1.07–1.37, $p=0.003$).

Conclusion/Implications: SLN identification in tumors ≥ 4 cm was feasible but associated with worse groin RFS despite negative SLNs. For patients with ≥ 4 cm tumors, cautious patient selection is important to balance morbidity and prognostic information.

EP267 / #608

Topic: AS06. Tumor Types / AS06f. Vulvar & Vaginal Cancer

PRIMARY TREATMENT AND RELATIVE SURVIVAL BY STAGE AND AGE IN VAGINAL CARCINOMA: A POPULATION-BASED SWEGCG STUDY

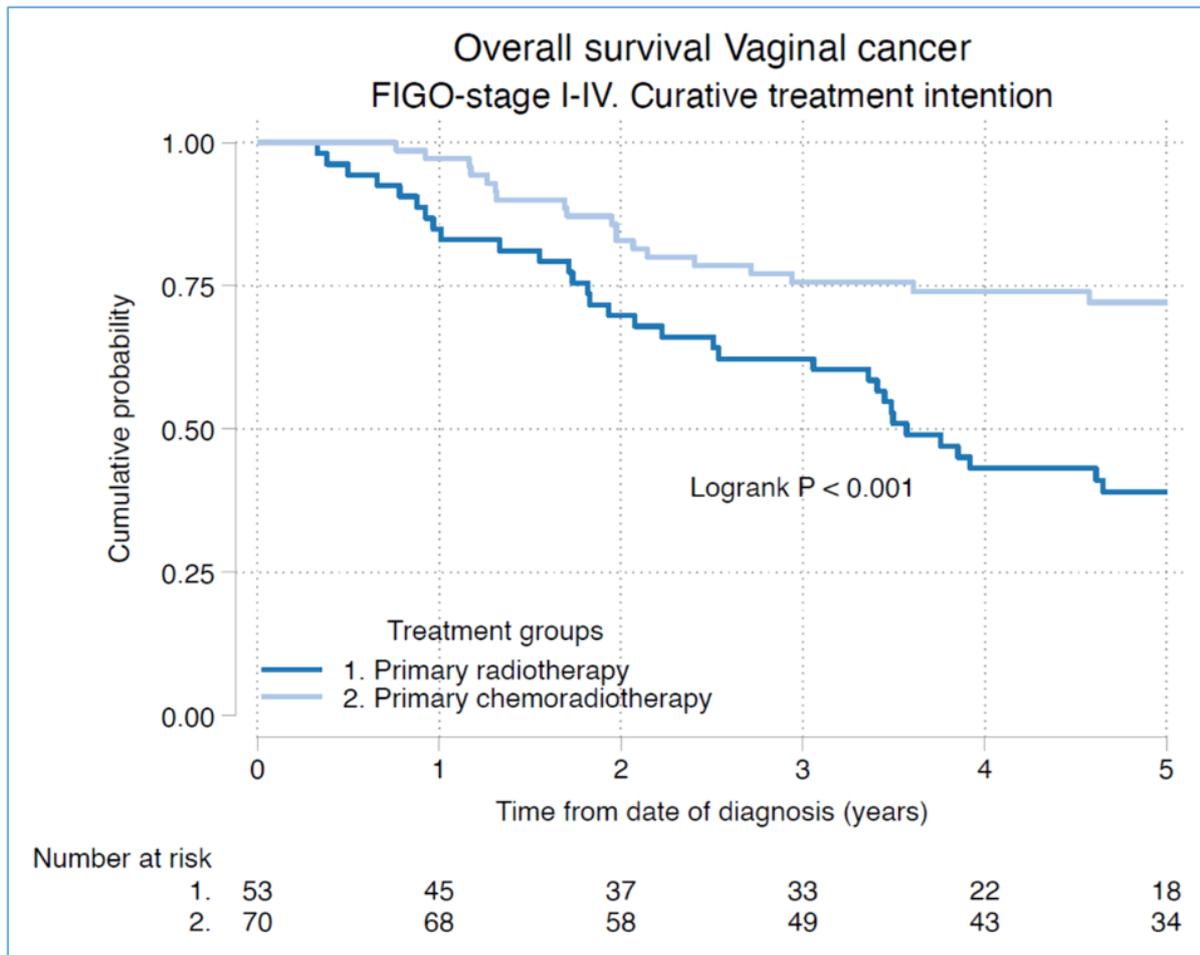
Kristina Hellman¹, Maria Bjurberg², Gabriel Lindahl³, Christer Borgfeldt⁴, Jenny-Maria Jönsson⁵, Preben Kjølhede⁴, Pernilla Dahm Kähler⁶, Cecilia Olsson⁷, Angélique Flöter Rådestad⁸, Camilla Sköld⁹, Katja Bohlin⁶, Karin Ståhlberg¹⁰, Erik Holmberg¹¹, Elisabeth Åvall Lundqvist³

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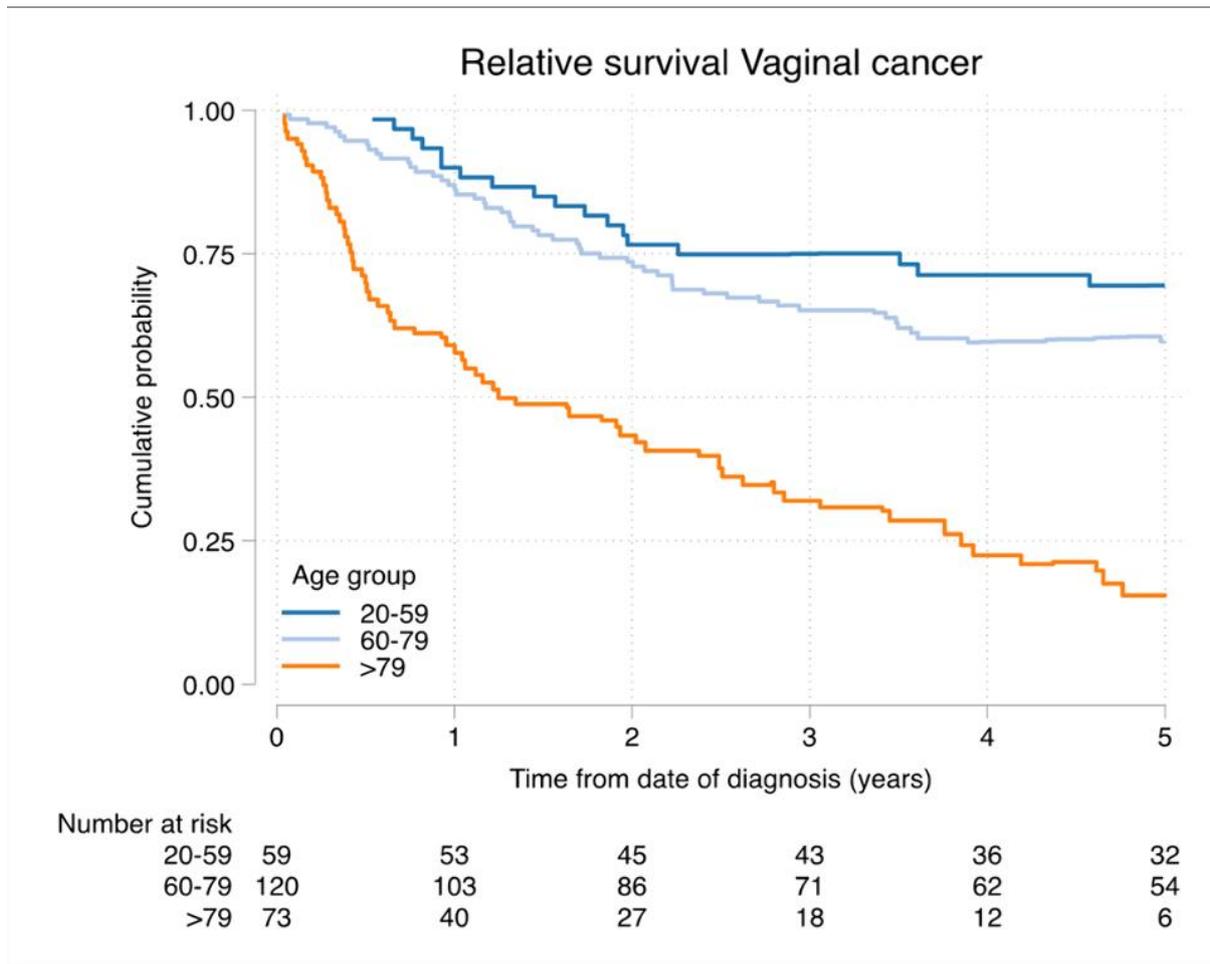
Introduction: To explore primary treatment patterns and survival by stage and age-group in patients with primary vaginal carcinoma (VC).

Methods: A population-based nationwide study on women diagnosed with VC between 2011-2020 and registered in the Swedish Quality Register for Gynecologic Cancer (SQRGC). Non-epithelial cancers were excluded. The main outcomes were 5-year overall survival (OS), hazard ratio (HR), relative survival (RS) and excess mortality rate ratio (EMRR).

Results:



A total of 252 women were included, of which 29% were ≥ 80 years old. Median follow-up time was 7.6 years. 5-year OS and RS were 45% and 49%, respectively. 5-year RS was in stage I, II, III, IVA and IVB 67%, 57%, 36%, 58%, and 20% respectively. Definitive radiotherapy (DRT) was the most common treatment, used in 59% of the patients. Chemoradiotherapy was an independent predictor for increased survival in patients treated with DRT (HR=0.46 (95% CI:0.24-0.90), $p=0.024$). In stage I 48% and 42% of the patients received surgery and DRT, respectively, no difference in 5-year OS was found when comparing surgically treated and DRT treated patients (76% and 54% respectively, $p=0.13$). Of the women ≥ 80 years, none received chemoradiotherapy and 30% received no antitumoral treatment at all. The EMRR for women ≥ 80 years compared with women < 60 years was 4.4 ($p<0.001$); and 5.2 ($p=0.003$) for stages I-II.



Conclusion/Implications: Treatment patterns for primary vaginal cancer were consistent with national treatment guidelines. However, the 5-year survival rates were low, highlighting the need for new treatment strategies, particularly for women aged ≥ 80 years.

EP268 / #538**Topic:** AS06. *Tumor Types / AS06f. Vulvar & Vaginal Cancer***CASE REPORT: A RARE CASE OF PRIMARY MYOEPITHELIAL CARCINOMA OF THE VAGINA**Hiba Khaldi¹, Afaf Alansari¹, Ahmed El Attar¹, Mohammed Taha Alasyed²¹hmc, Doha, Qatar, ²hmc, Wwrc,, Doha, Qatar

Introduction: Myoepithelial carcinoma is a rare neoplasm of soft tissue that may arise from myoepithelial cells. The most common location for myoepithelial carcinoma is the salivary glands, in particular the parotid gland. Tumours have also been found in the skin, breast, lung, and other soft tissues. The tumours usually present as a lobulated, firm, yellow/white mass that is most often painless. Myoepithelial carcinomas of the female genital tract are extremely rare, with very few cases reported. To our knowledge this is only the second report of this tumour occurring in the vagina.

Methods: A 37-year-old lady, who was referred following the removal of a mass from the right lateral vaginal fornix. Histopathology showed an atypical suspicious lesion with myxoid foci. A review of the histopathology specimens revealed the diagnosis of myoepithelial carcinoma. This diagnosis was confirmed on external review from an international tertiary referral center.

Results: Myoepithelial carcinoma is a rare, often painless tumor with unpredictable behavior, potentially aggressive and prone to metastasis. Though commonly arising in salivary glands, it can occur in the vagina. Tumors are usually well-circumscribed and non-encapsulated. Diagnosis is challenging due to variable presentation. Surgical excision is the preferred treatment. AJCC salivary gland staging applies (e.g., T1N0M0). There's no standard treatment due to rarity and limited data.

Conclusion/Implications: Myoepithelial carcinomas of the vagina are extremely rare, making the necessity to report those cases for better evaluation of their presentation, treatment and prognosis

EP269 / #983

Topic: AS06. Tumor Types / AS06f. Vulvar & Vaginal Cancer

RISK FACTORS OF RECURRENCE IN EARLY-STAGE VULVAR CANCER (FIGO2021 I-II): INSIGHTS FROM A RETROSPECTIVE STUDY

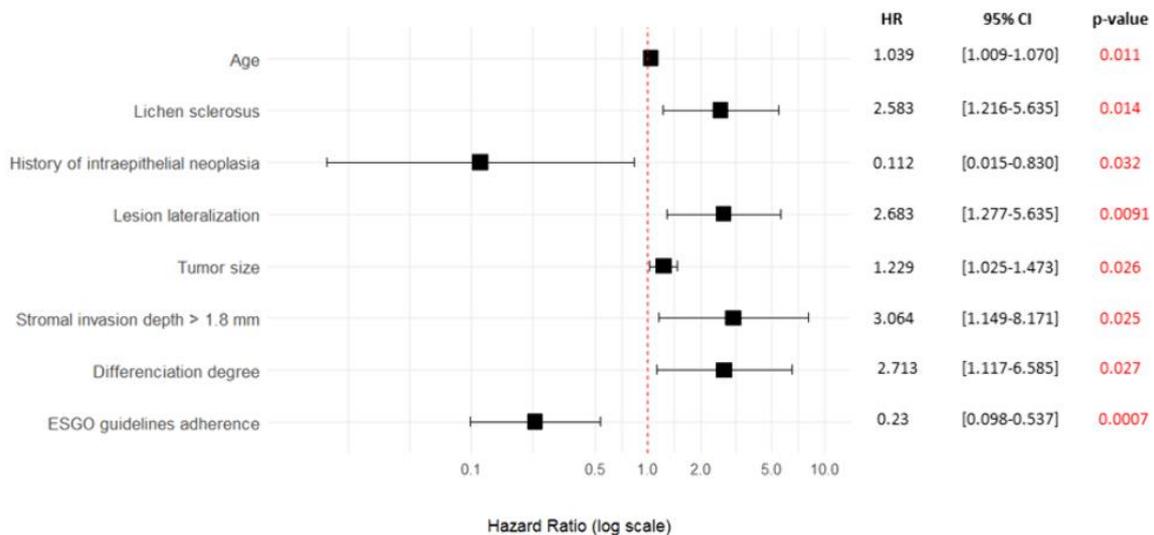
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Introduction: Despite early-stage diagnosis, 1 in 5 patients with FIGO I–II vulvar cancer relapse within five years. We collected and analyzed the clinical and pathological data of this population to identify prognostic factors.

Methods: Between January 2010 and December 2023, we conducted a monocentric retrospective study of 144 patients treated for early-stage vulvar cancer (FIGO2021 I-II) at the CHU of Liège. Comparisons between groups were made using Chi-square and t-Student/Kruskal-Wallis tests.

Results:



Among the 144 patients treated for localized vulvar cancer (FIGO stages I–II), 28 (19.4%) experienced a relapse (66,7% local, 25,9% distant, 7,4% local + distant). Each additional year of age at diagnosis increased the risk of recurrence by 3.9%. The presence of lichen sclerosus was correlated with a 2.6-fold increased risk of relapse. Laterally located tumors had a 2.7-fold higher recurrence risk compared to midline lesions. Each 1mm increase in tumor size was with a 22.9% higher recurrence risk. A stromal invasion depth ≥ 1.8 mm was correlated to a threefold increased risk; moreover,

poorly differentiated tumors recurred 2.7 times more often than well-differentiated ones. In contrast, a past history of intraepithelial neoplasia (vulvar, vaginal, anal, or cervical) and adherence to ESGO 2023 recommendations were associated with an 88.8% and 60,2% risk reduction of recurrence, respectively.

Conclusion/Implications: Older age, lichen sclerosus, lateral tumors, stromal invasion, tumor size, and poor differentiation increase risk of recurrence, while guideline adherence and prior neoplasia absence are protective. Risk stratification could optimize adjuvant treatment and follow-up intensity.

EP270 / #985**Topic:** AS06. Tumor Types / AS06f. Vulvar & Vaginal Cancer**IMPACT OF STROMAL INVASION DEPTH ON RECURRENCE RISK IN EARLY (FIGO I–II) AND ADVANCED (FIGO III–IVA) STAGES VULVAR CANCER**

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Introduction: Stromal invasion depth is a key criteria in FIGO 2021 stages I-II vulvar cancers. However, its role in advanced stages (III–IVA) remains poorly defined. This study investigates how stromal invasion depth influences recurrence risk in early (I–II) and advanced (III–IVA) stages but also identifies the threshold impacting negatively the prognosis.

Methods: Between January 2010 and December 2023, we conducted a retrospective study based on 215 patients treated for vulvar cancer at CHU of Liège. Progression-free survival (PFS) was analyzed using univariate Cox regression model. The cut-offs were determined by the Youden method.

Results: In the FIGO stages I–II population, 28 of 144 patients (19.4%) experienced relapse, 19 (67,9%) local and 9 (32,1%) distant including lymph node and visceral sites. Stromal invasion depth was a significant risk factor. Indeed, the recurrence risk nearly tripled (HR 3.064 [95% CI 1.15 –8.17]) for tumors with invasion ≥ 1.8 mm. In the advanced vulvar cancer (FIGO stages III–IVA) group, 29 of 67 patients (43.3%) relapsed, 44,8% local and 55,2% distant. Each 1 mm increase in stromal invasion depth raised the recurrence risk by 61.6% [95% CI 1.10 –2.37]. The recurrence relapse risk was nearly 4.8 times higher (HR 4.771 [95% CI 1.84–12.39]) for tumors with invasion ≥ 9 mm.

Conclusion/Implications: Stromal invasion depth is a prognostic factor in vulvar cancer regardless FIGO stage, identifying patients at high risk of recurrence. Combining this data with other histological and clinical characteristics could improve risk stratification and guide treatment decisions.

EP271 / #48

Topic: AS06. Tumor Types / AS06f. Vulvar & Vaginal Cancer

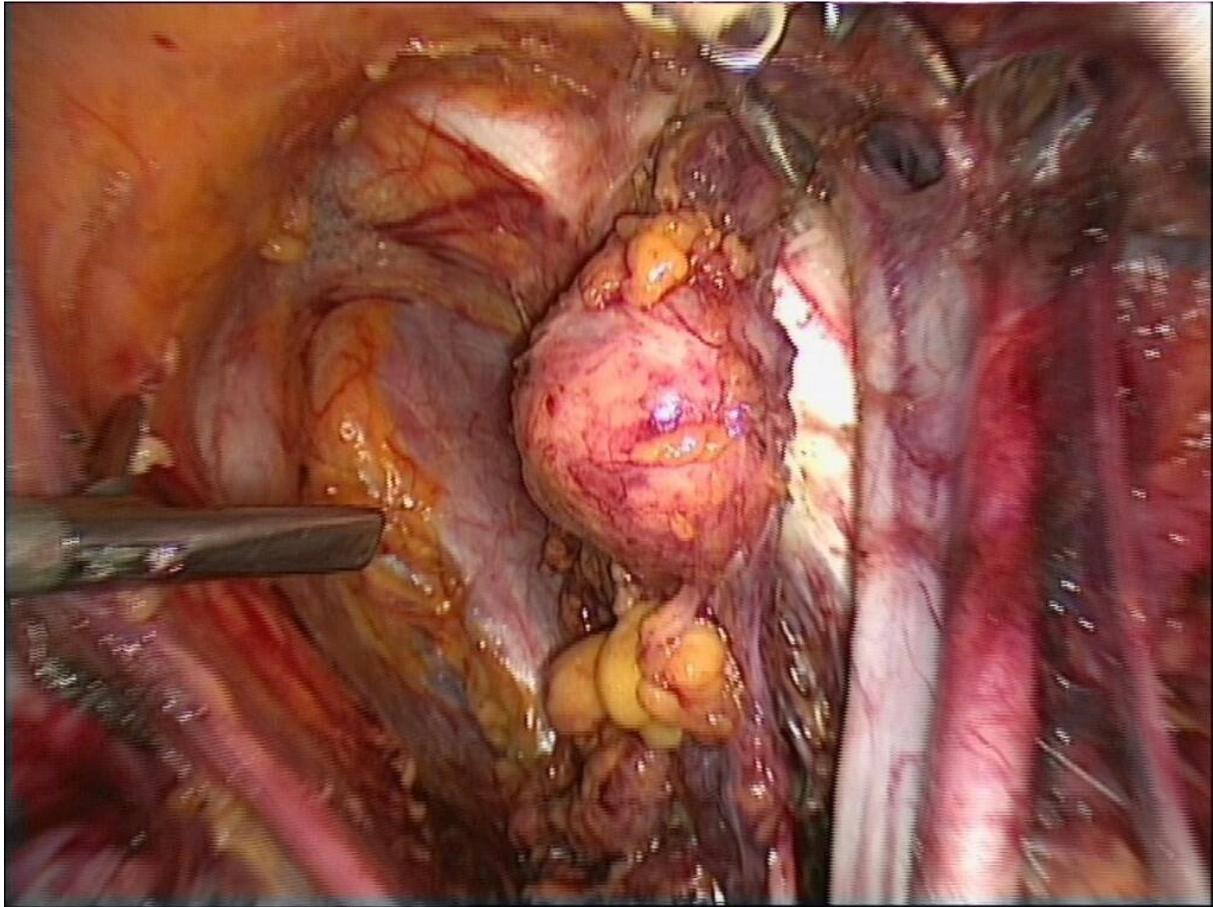
ONCOLOGIC OUTCOME OF VULVAR CANCER PATIENTS WITH HISTOLOGICALLY CONFIRMED GROIN LYMPH NODE METASTASES AFTER INGUINOFEMORAL AND LAPAROSCOPIC PELVIC LYMPHADENECTOMY FOLLOWED BY (CHEMO-)RADIATION - RETROSPECTIVE MONOCENTRIC ANALYSIS.

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Introduction: The role of pelvic lymphadenectomy in patients with histologically proven inguinal lymph node metastases is still a matter of debate.

Methods: In this retrospective study 30 patients with vulvar cancer underwent (partial) vulvectomy and groin SLN dissection. Due to histologically proven groin metastases, all patients underwent laparoscopic pelvic lymphadenectomy. Adjuvant treatment was tailored according to the findings of groin and pelvic lymphadenectomy.



Results: 30 patients (38-86, median: 50.5 years) with vulvar cancer were analysed. Inguinofemoral lymph node metastases were detected unilaterally in 26/30 and bilaterally in 4/30 patients, respectively. Median number of removed and positive groin lymph nodes were 7 (1-16), and 1.5 (1-6). In 26/30 patients (87%) size of groin metastases was >5mm, extracapsular spread of groin metastases was detected in 9/30 patients (30%). Four patients had positive pelvic nodes (13%). There was no intra-operative complication. Adjuvant radiation was administered to the histologically confirmed groin nodes side and in case of positive pelvic nodes to the pelvic lymph node region. In 11/30 patients (37%) chemotherapy was given simultaneously to radiation. After a median follow up of 118 months 8/30 patients recurred (27%), 6/30 (20%) died from vulvar cancer. DFS, CSS and OS at 4.5 years are 64.5%, 81% and 75.2%, respectively. All four patients with pelvic lymph node metastases died from vulvar cancer.

Conclusion/Implications: Laparoscopic pelvic lymphadenectomy can omit adjuvant pelvic radiation in 87% of the patients. Patients with proven pelvic lymph node metastases have a poor prognosis and should be the focus for adjuvant treatment intensification.

EP272 / #605**Topic:** AS06. Tumor Types / AS06f. Vulvar & Vaginal Cancer**PATTERNS OF MANAGEMENT AND SURVIVAL OUTCOMES IN STAGE III–IV VULVAL CANCER: A 16-YEAR TERTIARY CANCER-CENTRE EXPERIENCE**

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Introduction: Advanced-stage vulvar cancer remains challenging with paucity in literature on optimal management.

Methods: Retrospective review of stage III–IV vulval cancer diagnosed and treated between January 2008–December 2023 at a single tertiary cancer centre. Patient demographics, disease characteristics, treatment regimes were collated. Progression free survival (PFS) and overall survival (OS) were estimated using Kaplan-Meier methodology.

Results: In total, 54 patients met the inclusion criteria: 45(83%) with stage III disease (IIIA: n=12, IIIB: n=8, IIIC: n=25) and 9(17%) with stage IV. In 3 cases, staging CT was not available. Advanced disease at presentation was seen in 27/54(50%) whereas 24/54(44%) were presumed stage I/II and upstaged post-operatively. The median age was 71years (IQR: 43.8–87.7). Upfront surgery was undertaken 53/54(98%) and 1/54(2%) received neoadjuvant chemotherapy. Following surgery, 33/54(61%) had adjuvant therapy and the remaining 20/54(37%) did not receive adjuvant treatment due to: adjuvant therapy not recommended(n=4); progression(n=10), patient refusal(n=6). Anterior or posterior exenteration was performed in 5/54(9%) patients. Of these, 1/5 received neoadjuvant therapy, 2/5 proceeded to adjuvant treatment, and 2/5 experienced rapid progression prior to adjuvant treatment. Recurrence was observed in 29/54(53%) patients. Progression-free survival at 2-years was 46.9% (95%CI: 33.9%–59.9%), and at 5-years 30.5% (95%CI: 17.2%–43.8%). Overall survival at 2-years was 50.3% (95%CI: 36.8%–63.8%) and at 5-years was 43.0% (95%CI: 29.1%–56.9%).

Conclusion/Implications: We present outcomes where surgery followed by adjuvant therapy remains the mainstay of treatment, even in advanced disease. Prospective studies are needed to evaluate neoadjuvant therapies.

EP273 / #182

Topic: AS06. Tumor Types / AS06f. Vulvar & Vaginal Cancer

SURVIVING VULVAR MELANOMA: A GLIMPSE OF LIGHT IN THE DARKNESS

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Introduction: The primary purpose of this case report is due to its rarity and the sequelae of disease integrating the absence of concrete treatment guidelines makes our approach on the management a dilemma. This paper will also discussed unique therapeutic approach by using 2 techniques in sentinel lymph node mapping. A case of a primary vulvar melanoma in a 56 year old who presented with vaginal bleeding and on examination noted a hyperpigmented mass at the vulvar area.

Methods: Patient was seen at our out patient department due to a pigmented lesion at the vulvar area and was worked up.

Results: Our working diagnosis was Malignant Melanoma, Vulva, Stage IIIC (T4bN1cM0); Breslow's Depth V; Clark's level IV; s/p Cystourethroscopy, Sentinel Lymph node mapping followed by Bilateral Inguinofemoral Lymph Node Dissection, Wide Local Excision, Tumor Recurrence (Vulva); s/p Dacarbazine 800mg/m² V s/p IMRT (55.20 Gy 06/29/22-08/02/22) Tumor Persistence; s/p Pembrolizumab I (09/13/22)

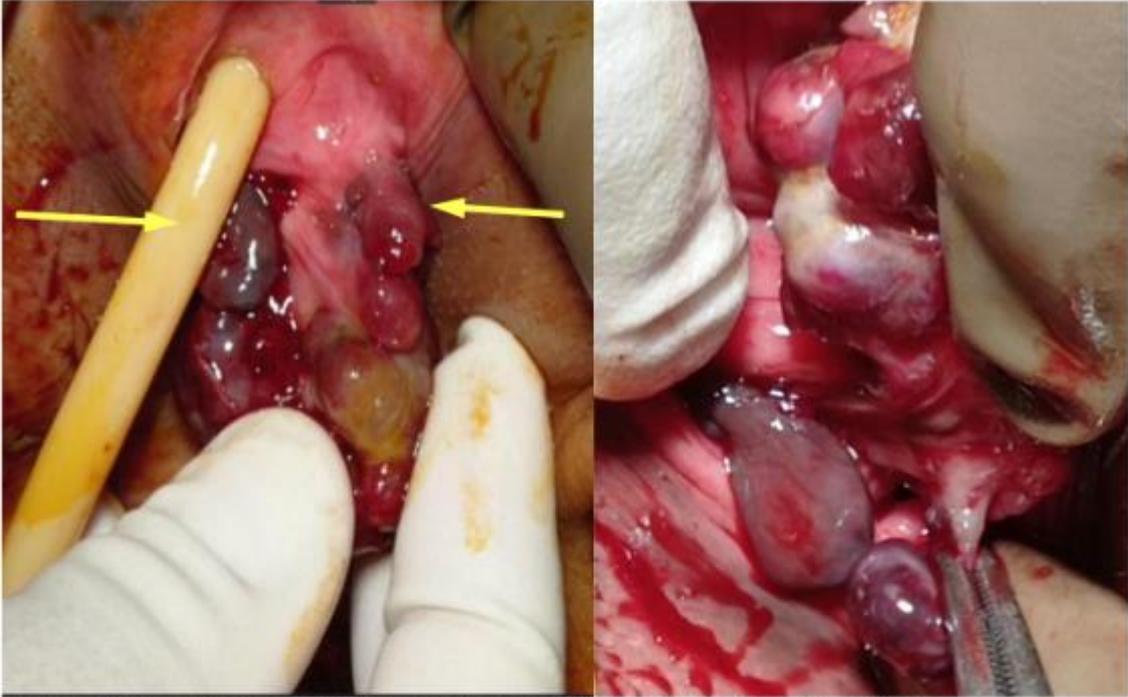


Figure I. Nodular hyperpigmented mass at 11 and 1 o'clock position.



Figure II. Intradermal injection of filtered Tc99m sulfur colloid on the bilateral vulva

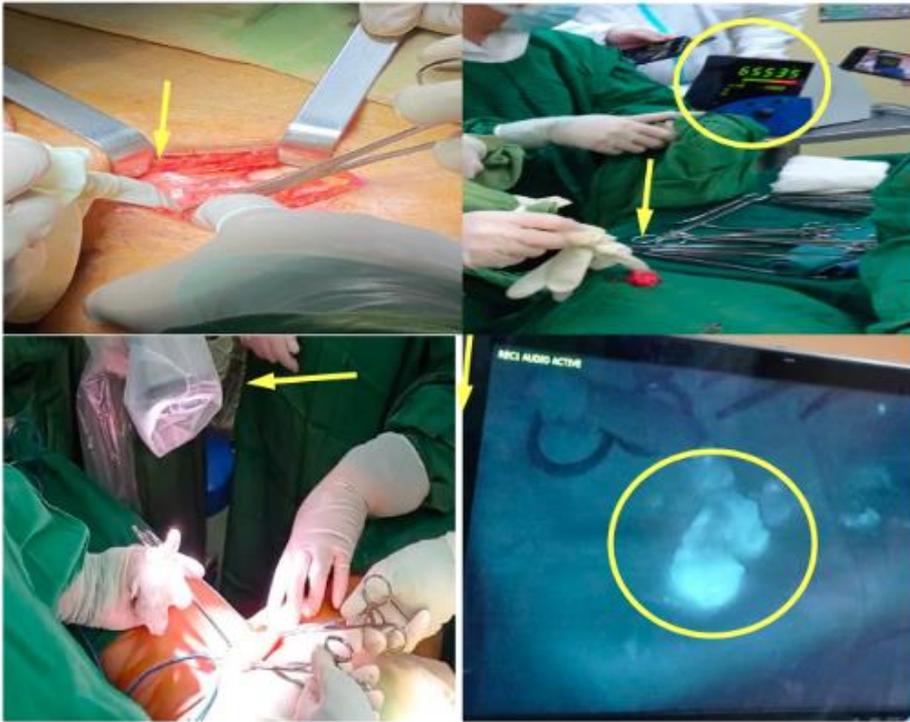


Figure VIII. Sentinel lymph node mapping (gamma probe and handheld imager)

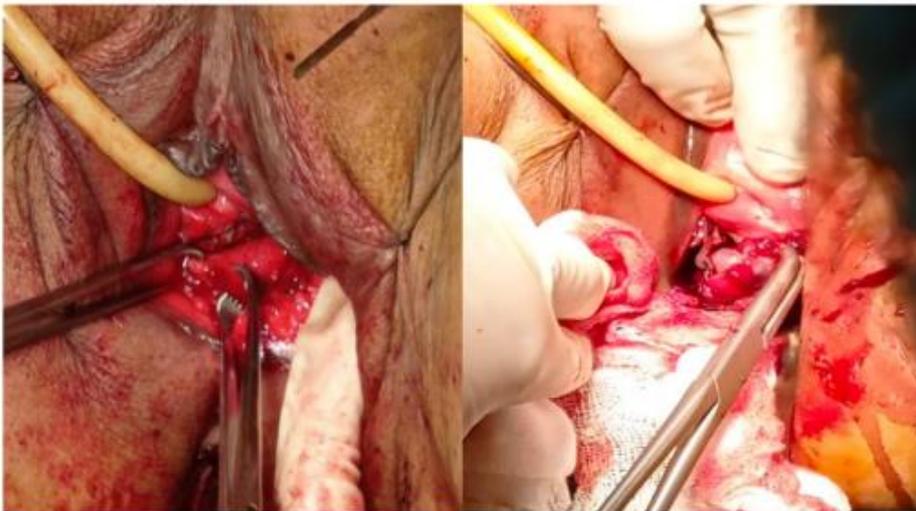


Figure IX. A local wide excision was done

Conclusion/Implications: The management of patients who develop recurrence must be individualized and that radiation therapy may only have a room for palliative intent. Systemic chemotherapy agents have a modest response but with the longest established monotherapy but still with over all poor survival rates. Novel immunotherapeutic and targeted agents have been reported to improve survival in melanoma and should be considered but still clinical trials are encouraged to be able to established their effectiveness.

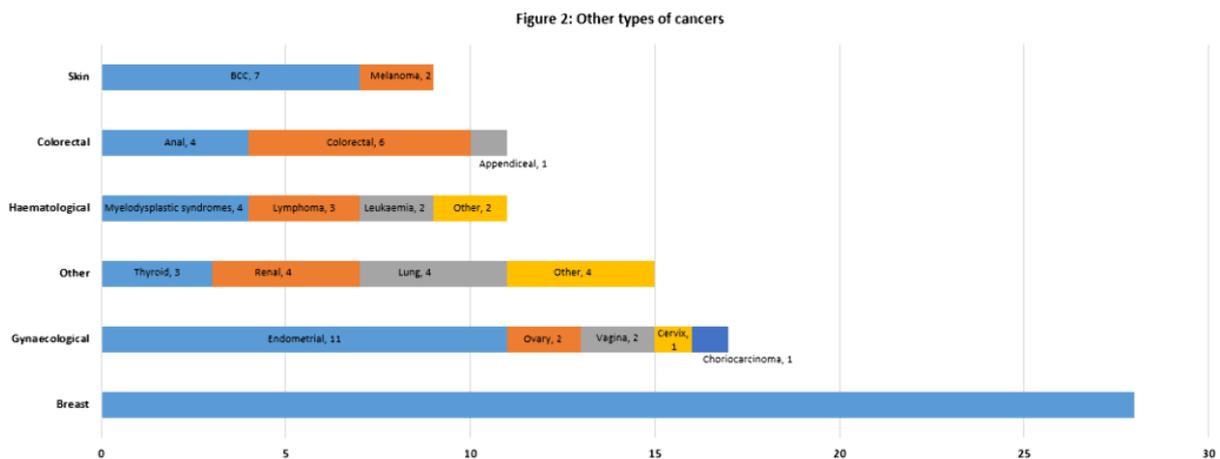
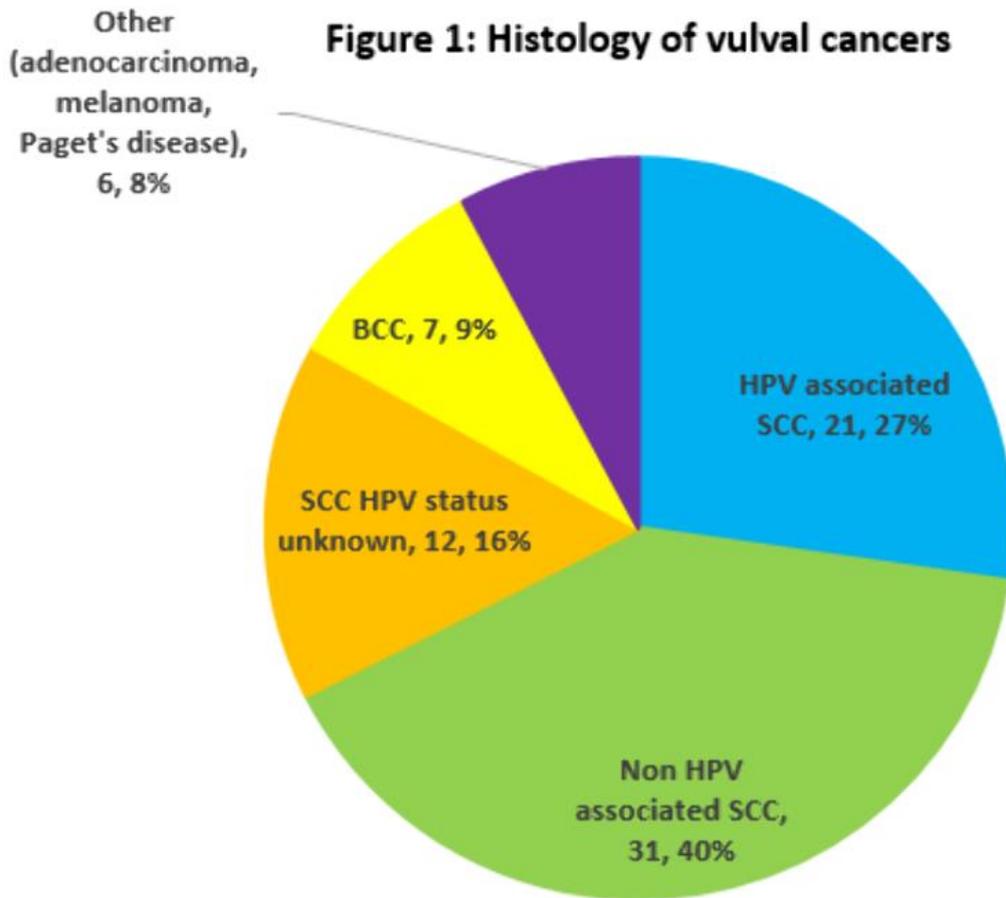
EP274 / #653**Topic:** AS06. Tumor Types / AS06f. Vulvar & Vaginal Cancer**THE IMPACT OF OTHER CANCERS ON VULVAL CANCER**

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Introduction: The cause of vulval cancer (VC) is likely multifactorial. Known risk factors include human papillomavirus (HPV) infection, smoking, vulval intraepithelial neoplasia, lichen sclerosus, immunocompromise. We aimed to identify the burden of other cancer diagnoses in VC patients to determine if this is also a risk factor.

Methods: Data were analysed from a 10-year retrospective cohort study of VC patients discussed at gynaecological oncology meetings at a tertiary cancer centre in England, 2014-2024.

Results: 275 patients were diagnosed with VC, of which there were 91 other cancers diagnosed in 77 (28%) patients (median age 72 years, range 40-95). Other cancers were seen in all VC subtypes (Figure 1). The other types of cancers included 31% (n=28) breast cancers, 19% (n=17) gynaecological cancers, 12% (n=11) haematological cancers, 12% (n=11) colorectal cancers, 10% (n=9) skin cancers and 16% (n=15) other cancer types (Figure 2); with 12% (n=9) having more than one other cancer. 9% (n=7) were HPV-associated cancers (anal=4, vaginal=2, cervical=1). 4% (n=3) were skin cancers of the same subtype of their VC. 70% (n=54) had another cancer before VC diagnosis. 33% (n=91) of all VC patients had a recurrence, of which 22% (n=20) had another cancer (55% (n=11) before and 40%(n=8) after VC, with 5% (n=1) time of diagnosis unknown.



Conclusion/Implications: A high incidence of other cancers is seen in VC patients, though the association remains unclear. Further research is needed to understand this coexistence. Clinicians should maintain a high index of suspicion and monitor for signs to aid earlier diagnosis.

EP275 / #655**Topic:** AS06. Tumor Types / AS06f. Vulvar & Vaginal Cancer**VULVAL CANCER SURVIVAL AND RECURRENCE: A DECADE OF OBSERVATIONAL DATA**

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Introduction: We evaluated the overall and progression free survival (PFS) of squamous cell vulval cancer (VC) over a 10 year period.

Methods: Analysis of 10 years of retrospective data on VC patients discussed at gynaecological oncology meetings at a tertiary cancer centre in England (2014–2024).

Results: 240 patients were diagnosed with VC (median age 71, range 34-95). 26% (n=62) were HPV-associated (HPV+), 52% (n=124) were non HPV-associated (HPV-), and 22% (n=54) had unknown HPV status. FIGO stage at diagnosis were: 16% (n=38) stage 1A, 37% (n=89) stage 1B, 4% (n=10) stage 1 unspecified, 3% (n=7) stage 2, 28% (n=68) stage 3, 11% (n=26) stage 4, and 1% (n=2) stage unknown. 83% (n=199) had surgery, including lymph node assessment in 64% (n=128); 22% (n=44) received adjuvant treatment. Ten-year overall survival was 49%. PFS was significantly better in HPV+ VC; 74% HPV+ vs. 41% HPV- at 10 years (median time to recurrence 140 vs. 82 months, p=0.007) (Figure 1). However, over half of both groups underwent at least one further procedure for recurrence or suspicion of recurrence (HPV+ 58% (n=31), range 0-14; HPV- 63% (n=67), range 0-17), p=0.3). In the HPV- group, PFS at 10 years varied by FIGO stage (61% in stage 1A, 43% in stage 1B, 26% in stage 2+, p=0.03) (Figure 2). No FIGO-related PFS difference was seen in the HPV+ group.

Figure 1: Progression free survival by HPV status

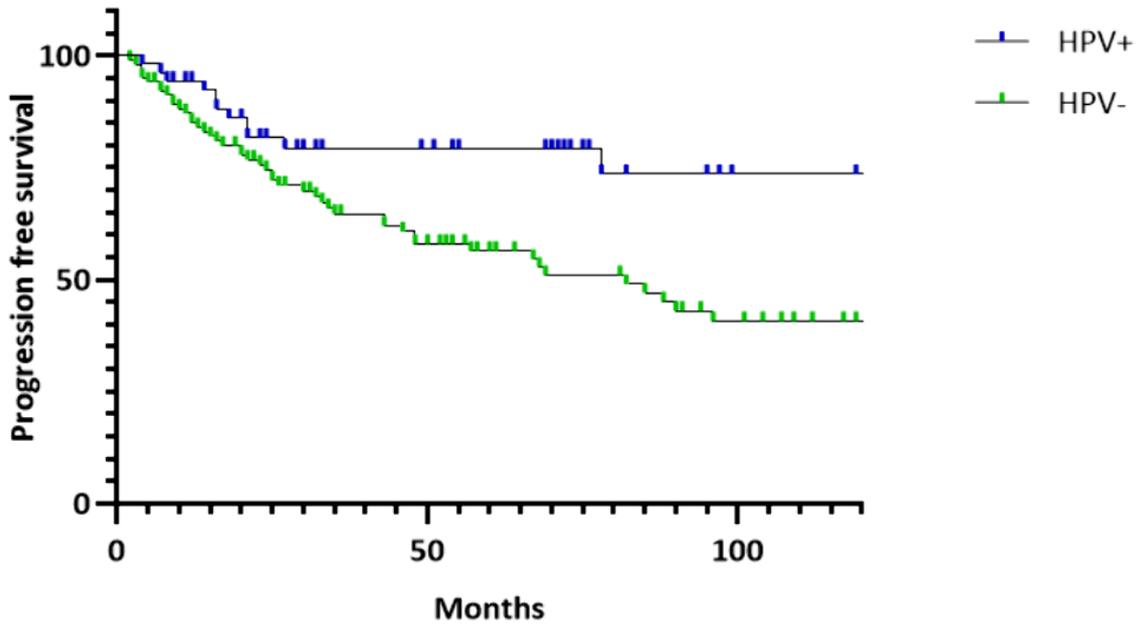
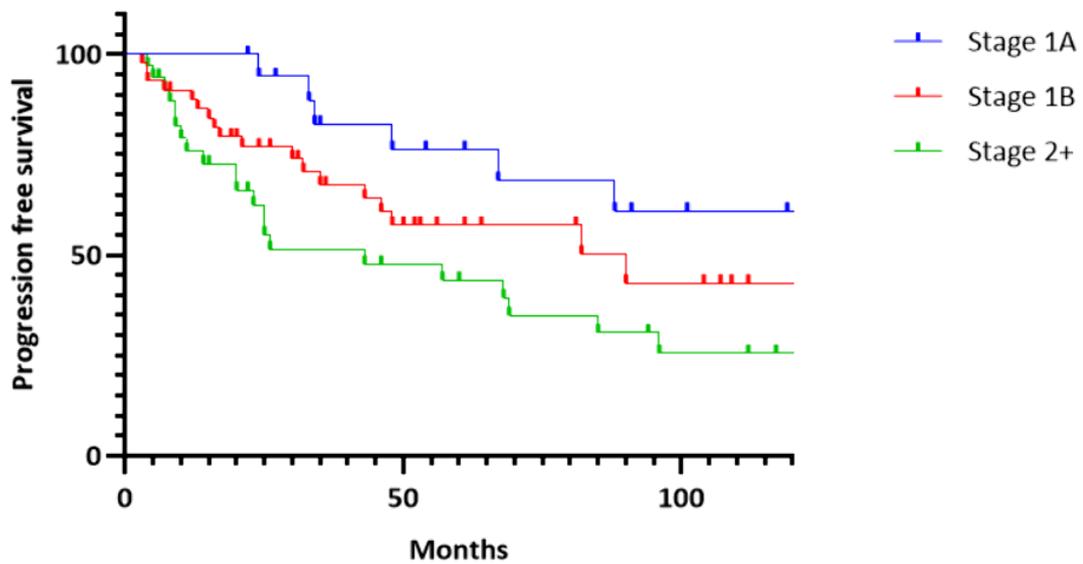


Figure 2: Progression free survival by FIGO stage in HPV-negative vulval cancer



Conclusion/Implications: HPV status influences PFS. Despite this, close follow up is essential for all VC patients due to the high rate of recurrent concerning vulval lesions.

EP276 / #980**Topic:** AS06. Tumor Types / AS06f. Vulvar & Vaginal Cancer**HPV STATUS, MIXED HISTOLOGIES, AND THE RISK OF VULVAR CANCER RECURRENCE**

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Introduction: Vulvar squamous cell carcinoma (VSCC) is typically classified as HPV-associated or HPV-independent, each with distinct prognoses. Some tumors, however, display mixed features, and their recurrence risk is poorly understood. This study aimed to evaluate the association between HPV status and tumor recurrence in VSCC.

Methods: This retrospective cohort study included all patients diagnosed with vulvar SCC between 2003 and 2022. The primary outcome was disease recurrence, stratified by HPV status. Exclusion criteria were non-SCC vulvar cancers, loss to follow-up after primary treatment, and patients who presented with recurrent disease.

Results: Fifty-five patients were included; 39 (71%) had early-stage disease (I–II), and 42 (76%) had HPV-independent SCC. Baseline characteristics (age, BMI, stage, grade) were comparable across groups. Median follow-up was 58 months (IQR: 18–91). Surgical excision was the primary treatment in 85% (n = 47), and 49% (n = 27) received adjuvant chemoradiation. Recurrence occurred in 26 of 42 (61.9%) HPV-independent cases versus 4 of 13 (30.8%) HPV-associated cases (**p = 0.049**). This difference remained significant after adjusting for age, stage, and surgical margin distance (adjusted OR = 0.46; 95% CI: 0.051–0.973). Among patients with mixed HPV-associated and HPV-independent histology (n = 5), 3 experienced recurrence.

Conclusion/Implications: Patients with HPV-independent vulvar SCC have an approximately twofold higher risk of recurrence compared to those with HPV-dependent SCC. The clinical behavior of the rare mixed HPV-associated and HPV-independent subtype may resemble that of HPV-independent tumors and warrants further investigation.