IGCS 2023
Annual Global Meeting
SEOUL

IGCS 2023 Abstracts:
Early Career Abstract Presentations

Early Career abstract presentations are included in the below session.
The session will be recorded for on-demand viewing via the IGCS 360 Educational Portal.

Early Career Workshop
Monday, November 6, 2023, 2:15 – 3:45 AM
Grand Ballroom 101+102

W001 / #1412

MOLECULAR MARKERS PERFORMED ON ENDOMETRIAL BIOPSY IN CA ENDOMETRIUM (EC) PROVIDES PROGNOSTIC AND PREDICTIVE INFORMATION

EARLY CAREER WORKSHOP

Pratima Raj, Rupinder Sekhon, Amita Naithani
RGCIRC, Gynaecological Oncology, New Delhi, India

Introduction: This shift towards a molecular driven Endometrial Cancer classification is an important step to the future precision medicine. These biomarkers could be used in clinical practice for a more individualized management in EC and promoting a personalized therapeutic strategy to avoid over- or under-treatment.
Aim: To evaluate the role of IHC markers Preoperatively in endometrial biopsies(EB) (ER, PR, HER2, p53, L1CAM, MSI) in determining prognostication in patients with EC

Methods: Observational study N= 80 patents diagnosed with endometrial cancers between September 2019- September 2021 Site-Tertiary cancer centre India IHC marker expressions in preoperative EB were correlated with post operative histopathological specimen parameters

Results: Correlation of IHC marker was done with various post surgery pathology parameters and it showed correlation with variable p values suggesting that certain IHC markers correlated with advanced disease and aids in prognostication. ER and PR expression showed correlation with early disease, HER2 score 3+ showed correlations with size of the lesion and Advanced disease, L1CAM expression of >10% showed correlation with para aortic nodes and distant metastases, p53 mutation showed correlation with pelvic lymphnodal involvement and advanced disease, MMR deficient- showed correlation with >50% myometrial invasion and no distant metastases.

Conclusions: At present to our knowledge this is the first ever study evaluating the role of incorporating IHC in preoperative endometrial biopsies and correlating it with final staging.

W002 / #1410

NOVEL STRATEGY OF TRAINING THE ACCREDITED SOCIAL HEALTH ACTIVISTS (ASHAS) VIA TELEMEDICINE FOR CERVICAL CANCER SCREENING BY HPV SELF-SAMPLING - THE TRACK TRIAL

EARLY CAREER WORKSHOP

Nilanchali Singh[1], Pranay Tanwar[2], Sandeep Mathur[3], Seema Singhal[4], Jyoti Meena[1], Anju Singh[1], Neerja Bhatla[1]
[1]All India Institute of Medical Sciences, Obstetrics & Gynaecology, New Delhi, India, [2]All India Institute of Medical Sciences, Laboratory Oncology, New Delhi, India, [3]All India Institute of Medical Sciences,New Delhi, Department Of Pathology, New Delhi, India, [4]AIIMS, New Delhi, Gynecologic Oncology, New delhi, India

Introduction: This is a novel, pilot study aimed to analyse training of ASHAs by telemedicine for counselling women for cervical cancer screening by HPV Self-Sampling.

Methods: This study is a pilot, community-based, prospective, single-arm study. Physicians trained the ASHA workers over telephone using videos, e-pamphlets and video conferencing regarding self-sampling HPV testing, who in turn trained the clients in community. Self-sampling HPV kits were transported via courier.

Results: 465 women of age group 30-65 years were tested by 47 tele-trained ASHA workers. The mean age of ASHA worker and clients was 39.47±6.45 and 37.26+8.38 years, respectively. Almost half (53%) of the ASHA worker were educated till intermediate standard. The time taken to train ASHA workers via telephone was 26.51±4.18 minutes. 91.7% of the ASHA worker were satisfied with the information provided during tele-counselling. Each ASHA recruited ten clients on an average. 95.8% of the ASHAs felt it as easy to explain the clients. The acceptability of this strategy among clients was 56%. The feasibility of this strategy (percentage of clients who find it easy/those who did self-sampling) was 99%. Half of the women (48.9%) cited 'feeling uncomfortable' as the reason for not wanting to get screened. Among those screened, 11% were hrHPV positive and 68% were willing for follow-up. Table: Characteristics of ASHAs and Patients

Characteristics	ASHA Workers (n=47)	Clients (n=465)
Age (in years)	39.47±6.45	37.26+8.38
Education Illiterate Primary Secondary Graduate Postgraduate	0 (0.0%) 16 (34.0%) 25 (53.2%) 3 (6.4%) 3 (6.4%)	85 (18.28%) 189 (40.65%) 105 (22.59%) 66 (14.19%) 20 (4.3%)
Occupation Unskilled Semi-skilled Skilled	0 47(100%) 0	378 (81.3%) 77 (16.56%) 10 (2.15%)
History of cervical cancer screening in past	1(2.1%)	36 (7.7%)

Average time taken to counsel (in minutes) Number of repeat training sessions required	26.51±4.18	NA
Acceptability of self-sampling by clients counselled by different ASHA workers (Clients willing to get HPV sample /Total number of clients counselled by each ASHA)	NA	58.25%
No of ASHA workers who could counsel following percentage of women <50% 50-90% >90%	10 17 20	NA
Feasibility (percentage of clients who find it easy/those who did self-sampling)	46 (97.9%)	461 (99.14%)
Reason of refusal of self-sampling Uncomfortable to self-sample Do not rely on test Find it difficult Feel embarrassed to do the test Just don't want to do	NA	48.9% 2.1% 4.2% 36.2% 8.6%
Wants to know result of HPV test by ASHA Physician	NA	443 (95.26%) 22 (4.73%)
Positive HPV test	5 (10.6%)	51 (11%)
Visited centre for further management	5/5 (100%)	35/51 (68.6%)

Conclusions: Conclusion: The current study highlights a novel strategy incorporating the role of telemedicine in training ASHA worker for the self-sampling of HPV for cervical cancer screening, with promising results. The study is funded by American Society of Clinical Oncology.

W003 / #1413

RESOURCE STRATIFIED SECONDARY CERVICAL CANCER PREVENTION: PRAGMATIC APPROACH FOR BASIC LEVEL OF SERVICE

EARLY CAREER WORKSHOP

Qudus Lawal[1], Ishak Lawal[2], Rano Abdullahi[3], Fatima Mohammed Dole[4], Bridget Yabo[5]
[1]Irrua Specialist Teaching Hospital, Gynecologic Oncology, Irrua, Nigeria, [2]End Cervical Cancer Nigeria Initiative, Obstetrics And Gynaecology, Birnin Kebbi, Nigeria, [3]Nigeria Police Medical Services, Police Cottage Hosiptal, Birnin Kebbi, Nigeria, [4]Nigerian Army Officers' Wives Association, 1 Battalion, Dukku Barracks, Birnin Kebbi, Nigeria, [5]Haske Dominican Hospital, Haske Dominican Cancer Prevention Program, Dabai, Nigeria

Introduction: The American Society of Clinical Oncology (ASCO) produced a guideline for Resource Stratified Secondary Cervical cancer prevention that recommended the use of Visual Inspection with Acetic Acid (VIA) only with the goal of developing the basic settings if HPV testing is not available. We hereby present ongoing attempts at instituting organized cervical cancer prevention programs in basic settings.

Methods: We leveraged the pre-implementation activities of the pilot HPV screening of 5,000 women in Kebbi State to train the staff of 3 non-state-owned health facilities: Police Cottage Hospital, Kebbi Command, Haske Dominican Hospital, Dabai and Medical Reception Station, Dukku Barracks. The progress made was assessed against resource stratified secondary cervical cancer prevention in the basic settings.

Results: The cervical cancer screening programs at the three facilities effectively kick started after training within an organized screening program . Although none currently use HPV-based screening due to cost, staff are trained to perform HPV testing and are ready to upgrade if resources permit. All three facilities currently refer screen-positive cases to a tertiary health facility for treatment in a hub-spoke model.

Conclusions: The resource-stratified model offers an opportunity for low-resource settings to establish sustainable cervical cancer prevention services within their economic constraints and prepare facilities for future introduction of HPV screening Program. We proposed a flexible model that allows upgrading to HPV in response to available resources.

W004 / #1411

SUPPORT FOR STANDARDIZATION: ULTRASOUND RISK STRATIFICATION MODELS ACCURATELY DISCRIMINATE BENIGN FROM MALIGNANT ADNEXAL LESIONS IN THE HANDS OF NOVICE OPERATOR

EARLY CAREER WORKSHOP

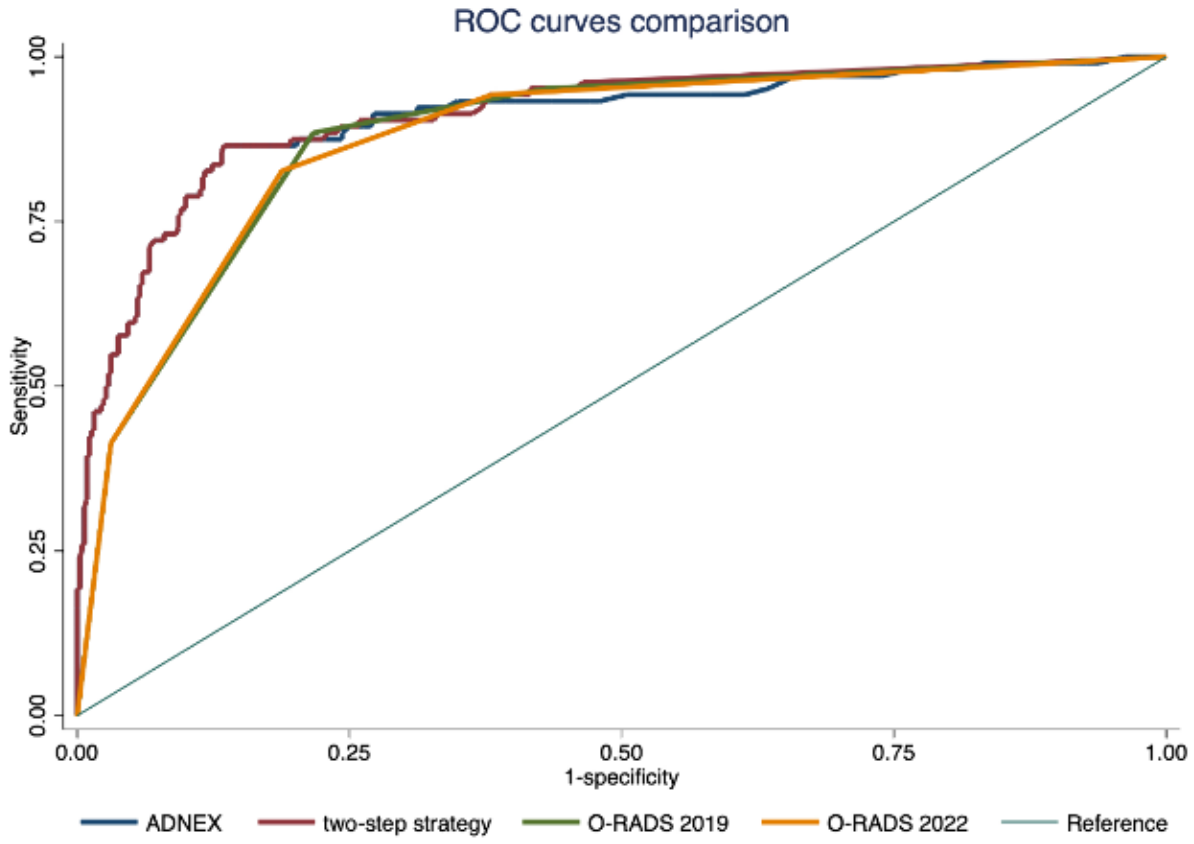
Luigi De Vitis[1], Gabriella Schivardi[1], Leah Grcevich[1], Ilaria Capasso[1], Diletta Fumagalli[1], Daniel Breitkopf[1], Shannon Laughlin-Tommaso[1], Angela Fought[2], Melanie Caserta[3], Mary Clingan[3], Andrea Mariani[1], Carrie Langstraat[1]
[1]Mayo Clinic, Department Of Obstetrics And Gynecology, Rochester, United States of America, [2]Mayo Clinic, Division Of Clinical Trials And Biostatistics, Rochester, United States of America, [3]Mayo Clinic, Department Of Radiology, Jacksonville, United States of America

Introduction: It is unclear whether ultrasound risk stratification models for adnexal lesions perform well when used by novice providers. We aim to compare the performance of four commonly used models to detect ovarian cancer, when the operator has only basic experience.

Methods: Women with adnexal masses treated in 2019 were identified retrospectively. Patients were included if they underwent surgery within 3 months of diagnosis or had at least 12±2 months of follow-up. A non-expert operator (European Federation of Societies for Ultrasound in Medicine and Biology level I) classified each lesion using ADNEX, two-step strategy (benign descriptors followed by ADNEX), O-RADS 2019, and O-RADS 2022. The primary outcome measure was AUC [95% confidence interval], compared across the four models.

Results: A total of 556 women were included in the analyses: 452 benign and 104 malignant. The AUCs of ADNEX, the two-step strategy, O-RADS 2019, and O-RADS 2022 were 0.90[0.87-0.94], 0.91[0.88-0.94], 0.88[0.85-0.91], and 0.88[0.84-0.91], respectively (Figure
1).

Figure 1. Diagnostic performance of ADNEX, two-step strategy, O-RADS 2019 and O-RADS 2022. Above, ROC curves for the four models. Below, AUC, sensitivity, specificity, accuracy, positive and negative predictive values with 95% confidence intervals. Abbreviations: AUC, area under the curve; ROC, receiver operating curve; PPV, positive predictive value; NPV, negative predictive value.



	ADNEX	Two-step strategy	O-RADS 2019	O-RADS 2022
AUC	0.9046 [0.8676-0.9415]	0.9106 [0.8773-0.9440]	0.8790 [0.8450-0.9131]	0.8757 [0.8405-0.9110]
Sensitivity	86.54% [83.70-89.38]	86.54% [83.70-89.38]	88.46% [85.81-91.12]	82.69% [79.55-85.84]
Specificity	84.73% [81.75-87.72]	84.96% [81.98-87.93]	78.32% [74.89-81.74]	81.19% [77.95-84.44]
Accuracy	85.07% [81.83-87.93]	85.25% [82.03-88.10]	80.22% [76.66-83.45]	81.47% [77.99-84.62]
PPV	56.60% [52.48-60.72]	56.96% [52.85-61.08]	48.42% [44.27-52.58]	50.29% [46.14-54.45]
NPV	96.47% [94.94-98.01]	96.48% [94.95-98.01]	96.72% [95.24-98.20]	95.32% [93.57-97.08]

The two-step strategy performed significantly better than the O-RADS algorithms (both p=0.01). With all the algorithms, the observed malignancy rate was 1.91-2.17% among lesions categorized as “almost certainly benign”, two-fold higher than the expected <1% (Table 1).

Table 1. The calibration (i.e., the observed malignancy rate compared to the expected rate) is shown in Table 1A. Data are reported as number of malignant cases per cell/total number of patients in the cell (cell %). Table 1B describes the clinical and radiological characteristics of malignant cases misclassified as "almost certainly benign" by at least one of the models. Abbreviations: BD, benign descriptor; EC, endometrial cancer; GI, gastro-intestinal; na, not available; N, number; US, ultrasound.

Table 1A

		Observed rate of malignancy			
		ADNEX	Two-step strategy	O-RADS 2019	O-RADS 2022
Expected rate of malignancy	<1%/score 2	1/46 (2.17)	5/261 (1.92)	5/262 (1.91)	6/286 (2.10)
	1-<10%/score 3	13/351 (3.70)	9/137 (6.57)	7/104 (6.73)	12/99 (12.12)
	10-<50%/score 4	36/92 (39.13)	36/91 (39.56)	49/133 (36.84)	43/114 (37.72)
	≥50%/score5	54/67 (80.60)	54/67 (80.60)	43/57 (75.44)	43/57 (75.44)

Table 1B

ID	1	2	3	4	5	6	7
Risk of malignancy							
ADNEX	0.4%	1.8%	3.8%	4.9%	6.0%	4.2%	1.5%
Two-step strategy	0.4%	BD	BD	BD	BD	4.2%	1.5%
O-RADS 2019	3	2	2	2	2	2	3
O-RADS 2022	3	2	2	2	2	2	2
US characteristics							
Max dimension (mm)	24.2	13.8	54.9	35.3	26.6	51.2	14.0
N Locules	1	1	1	1	1	1	2
Internal wall	irregular	smooth	smooth	smooth	smooth	irregular	smooth
N Papillations	0	0	0	0	0	0	0
Content	anechoic	anechoic	anechoic	anechoic	anechoic	anechoic	anechoic
Shadowing	yes	no	no	no	no	no	no
Color score	1	1	1	1	2	1	1
Age	62	75	52	55	51	62	62
Menopausal status	post	post	pre	post	pre	post	post
CA125 (KU/L)	36	13	na	109	276	na	na
Histology	Borderline clear cell adenofibroma	Serous borderline	Metastatic Lymphoma	Seromucinous borderline	Metastatic GI tumour	Metastatic EC	Serous borderline
Stage	IA	IB	na	IIB	na	na	IA

Out of the four methods, lesions wrongly classified as "almost certainly benign" were borderline tumors (n=4) and metastases (n=3).

Conclusions: In the hands of a novice provider, all algorithms performed well, and were able to distinguish benign from malignant lesions. ADNEX misclassified only one malignant patient as "almost certainly benign", compared to 5-6 patients by the other models.

W005 / #1415

PROGNOSTIC FACTORS AND SURVIVAL IN ENDOMETRIOID AND CLEAR CELL OVARIAN CARCINOMAS – A RETROSPECTIVE ANALYSIS

EARLY CAREER WORKSHOP

Ushashree Das[1], Amita Maheshwari[1], Sneha Raj[1], Pabashi Poddar[1], Rohini Kulkarni[1], Biswajit Dash[1], Santosh Menon[2], Bharat Rekhi[2], Kedar Deodhar[2], Neha Mittal[2], Jaya Ghosh[3], Seema Gulia[3], Supriya Chopra[4], Sushmita Rath[3], Sudeep Gupta[3]
[1]TATA MEMORIAL CENTRE, HOMI BABHA NATIONAL INSTITUTE, Gynecologic Oncology, MUMBAI, India, [2]TATA MEMORIAL CENTRE, HOMI BABHA NATIONAL INSTITUTE, Pathology, Mumbai, India, [3]TATA MEMORIAL CENTRE, HOMI BABHA NATIONAL INSTITUTE, Medical Oncology, MUMBAI, India, [4]Advanced Centre for Treatment Research and Education in Cancer, Tata Memorial Centre, Homi Bhabha National Institute, Radiation Oncology, Navi Mumbai, India

Introduction: Endometrioid carcinoma of ovary (ENCO) and clear cell carcinoma of ovary (CCCO) are rare, accounting for < 20% of all ovarian malignancies with a small subset arising in the background of endometrioses. The aim of this study was to analyze the clinico-pathological factors, survival outcomes and prognostic factors for survival in patients treated with ENCO and CCCO.

Methods: All consecutive patients diagnosed with ENCO and CCCO between January 2014 to December 2020 were included for this single institution retrospective study. Data was retrieved from the electronic medical records. Time to event data were analyzed using the Kaplan-Meier method. Log rank test and cox regression analysis were used to analyze the effect of different variables on survival.

Results: Total 295 patients were included out of which 49.5% (n=146) had CCCO and 50.5% (n=149) had ENCO. Forty-two (14.2%) had associated endometrioses. FIGO stage IC was the most common, 36.9% (n=109) followed by stage IA, 27.8% (n=82). Out of 290 patients who underwent surgery, 78.6% (n=228/290) underwent R0 resection. Median duration of follow up was 54 months (range 47-60 months). The 5-year progression free survival (PFS) was 59% and 5-year overall survival (OS) was 67%. Multivariate analysis showed residual disease, clear cell histopathology and advanced stage were significantly associated with shorter PFS and OS.

		OS								PFS							
		Univariate				Multivariate				Univariate				Multivariate			
Variable name	Category	HR	95% CI for HR		P-value	HR	95% CI for HR		P-value	HR	95% CI for HR		P-value	HR	95% CI for HR		P-value
			Lower	Upper			Lower	Upper			Lower	Upper			Lower	Upper	
Age	<40	**1**								**1**							
	>=40	1.161	0.688	1.959	0.577					1.131	0.715	1.788	0.599				
Residual disease	R0	**1**				**1**				**1**				**1**			
	R1	16.502	3.927	69.34	**0.000**	15.194	2.943	78.452	**0.001**	10.963	2.634	45.626	**0.001**	7.722	1.647	36.216	**0.01**
	R2	2.815	1.764	4.491	**0.000**	1.424	0.795	2.548	0.234	2.844	1.859	4.353	**0.000**	1.727	1.027	2.906	**0.04**
Histopathology	Clear cell	**1**				**1**				**1**				**1**			
	G1 Endometrioid	0.447	0.179	1.117	0.085	0.553	0.218	1.404	0.212	0.211	0.066	0.671	**0.008**	0.238	0.074	0.761	**0.016**
	G2 Endometrioid	0.44	0.240	0.806	**0.008**	0.433	0.228	0.821	**0.010**	0.510	0.299	0.870	**0.014**	0.501	0.287	0.876	**0.015**
	G3 Endometrioid	0.397	0.196	0.805	**0.010**	0.295	0.133	0.656	**0.003**	0.588	0.345	1.003	**0.051**	0.411	0.227	0.747	**0.003**
Endometrioses	No	**1**								**1**							
	Yes	0.920	0.475	1.782	0.805					0.655	0.341	1.258	0.204				
Stage	I	**1**				**1**				**1**				**1**			
	II	1.139	0.445	2.915	0.786	1.146	0.432	3.040	0.785	1.101	0.469	2.581	0.825	0.963	0.399	2.324	0.934
	III	4.181	2.597	6.731	**0.000**	3.457	1.877	6.369	**0.000**	3.946	2.575	6.048	**0.000**	2.992	1.740	5.145	**0.000**
	IV	9.640	4.394	21.147	**0.000**	8.827	3.705	21.030	**0.000**	5.595	2.620	11.948	**0.000**	4.428	1.936	10.128	**0.000**
Adjuvant therapy	No	**1**								**1**							
	Yes	1.141	0.630	2.069	0.663					1.182	0.681	2.049	0.552				

Univariate and Multivariate analysis of prognostic factors affecting survival.

Conclusions: Presence of macroscopic residual disease, clear cell histopathology and FIGO stage III - IV were significantly associated with higher risk of relapse and death. Co existent endometrioses was not associated with a better prognosis in any stage.

W006 / #1414

KNOWLEDGE OF CHEMOTHERAPY AND SELF-CARE ACTIVITIES OF BREAST CANCER PATIENTS IN VIETNAM: A CROSS SECTIONAL STUDY

EARLY CAREER WORKSHOP

Long Nguyen, Hang Nguyen, Huyen Phung
Vietnam National Cancer Hospital (K hospital), No6 Medical Oncology Department, Hanoi, Viet Nam

Introduction: Due to high patient load and lack of human resources of oncology centers in Vietnam, time for patient education is limited. This study aimed to assess the knowledge of chemotherapy and self-care activities of breast cancer patients.

Methods: We conducted a cross sectional survey on 281 breast cancer patients receiving at least one cycle of chemotherapy at Vietnam National Cancer Hospital from 09/2022 to 01/2023. Leuven questionnaire on patient knowledge of chemotherapy (L-PaKC) and Patient Self-care during Chemotherapy (L-PaSC) were used. Association between patients' socioeconomic and disease characteristics with score was also analyzed.

Results: Mean age of patients was 50 (range 26-77). Most of them are from rural areas (62.3%), graduated from high school (81.1%), got married (81.5%) and had early-stage disease (80.8%). Mean overall score of chemotherapy knowledge was 79.1±10.9 per 100, while that of knowledge on side effects was only 58.7±20.5. Patients with stage IV had lower score than those with early stage (61.9±12.4 vs. 78.4±12.8, $p<0.05$). There were no differences by level of education, living area and marital status. Mean overall score of self-care activities was 73.1±17.2, that of treatment adherence and symptom self-management was 79.5±16.3 and 62.1±28.7, respectively. Chemotherapy knowledge score was associated with self-care activity score ($p=0.003$).

Conclusions: There should be more patient education programs and campaigns to improve their knowledge and self-care activities during chemotherapy treatment. Focus should be placed on knowledge about side effects and symptoms management, especially for those with stage IV disease.