

IGCS 2024 **DUBLIN**

Annual Global Meeting

OCTOBER 16-18, 2024

IGCS 2024 Abstracts:

Early Career Workshop Oral Presentations

Early career oral 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

Thursday, October 17, 7:30 – 8:30 AM | The Liffey A

CW001 / #1630

EARLY CAREER WORKSHOP

Topic: *AS17. Screening/Early Detection*

FEASIBILITY AND COMPLIANCE OF SELF-SAMPLING HPV TESTING: AN EXPERIENCE FROM A REGIONAL CANCER INSTITUTE IN EASTERN INDIA

Megha Nandwani, Ranajit Mandal, Manisha Vernekar, Sreeya Bose, Bijoy Kar
CNCI, Gynecologic Oncology, Kolkata, India

Introduction: HPV testing is now the recommended strategy for screening women for cervical cancer. Self-collected samples for HPV maybe a preferred choice for most women. This study was conducted with the objectives to evaluate the feasibility of self-sampling-based screening and to assess the compliance of HPV positive women for further treatment.

Methods: The study was conducted from January 2022 to December 2023. Women aged 30 to 60 years were subjected to self-sampling HPV testing by the Cobas test who were never screened for cervical cancer before from rural and semi-urban communities around West Bengal. Health care workers counselled women to collect samples themselves by using pictorial charts. Thereafter, the screened positive women were brought to the hospital for further treatment.

Results: Over a period of 2 years; 13,656 women were screened. 675 (4.9%) tested positive for high-risk HPV. Amongst the HPV positive population, 474 (70.2%) women underwent colposcopy. Results from colposcopy examination were reported to be normal in 373 (78.7%) women, LSIL in 59 (12.4%), HSIL in 25 (5.3%) and cervical cancer in 15 (3.2%) women. Biopsy was done for 444 (93.7%) women and on histopathological analysis no abnormality was seen in 384 (86.5%) women, CIN 1 in 20 (4.5%), CIN II in 8 (1.8%), CIN III in 5 (1.2%) and squamous cell carcinoma in 21 (4.7%). 82.3% (390) women underwent treatment.

Conclusions: HPV self-sampling is feasible and acceptable method for screening cervical cancer especially for women in rural areas.

CW002 / #1631

EARLY CAREER WORKSHOP

Topic: *AS19. Surgical Techniques and Perioperative Management*

INITIAL EXPERIENCE WITH ENHANCED RECOVERY AFTER GYNAECOLOGIC ONCOLOGY SURGERY: A COMPARATIVE ANALYSIS OF THE FIRST 36 CASES AT AHMADU BELLO UNIVERSITY TEACHING HOSPITAL, ZARIA

Aisha Mustapha^{1,2}, Abiola Akanmu³, Anisah Yahya², Adekunle Oguntayo¹

¹Ahmadu Bello University Teaching Hospital, Obstetrics And Gynaecology, Zaria, Nigeria, ²Ahmadu Bello University/Ahmadu Bello University Teaching Hospital Zaria, Obstetrics And Gynaecology, Zaria, Nigeria, ³Ahmadu Bello University Teaching Hospital Zaria, Obstetrics And Gynaecology, Zaria, Nigeria

Introduction: Enhanced recovery after surgery (ERAS) was recently introduced with the commencement of the International Gynaecologic Cancer Society (IGCS) fellowship at our centre. Patients managed using some domains of the ERAS guidelines 2019 (EC) were compared pre-implementation cohorts (PC) in the same tertiary health facility designated a Center of Excellence in Oncology in Nigeria to assess outcomes

Methods: Patients were prospectively recruited over 15-month period starting 4th January 2023. Their sociodemographic and clinical characteristics, and clinical outcomes were compared amongst the two groups using eight ERAS items.

Results: Thirty-six patients underwent major gynaecologic oncology surgery and assessed one month post-surgery. Five (13.9%) patients had minimal access surgery. Of these, 24 had a histologic confirmation of cancer (50% Ovarian, 33% endometrial and 17% cervical). Majority (69%) of those with OC had an intermediate Aletti complexity score compared with 23% for the pre-implementation cohort. Domains evaluated include Pre-admission Information Education, and Counseling, Pre-operative Bowel Preparation; Venous Thromboembolism Prophylaxis; Antimicrobial Prophylaxis; Skin Preparation; Avoidance of Drains/Tubes, Opioid Sparing Multimodal Post-Operative Analgesia; Prevention of Post-operative Ileus and discharge pathways. There was a statistically significant reduction in length of hospital stay, prevalence of SSI, deep venous thrombosis, commencement of oral feeds, and use of opioids when compared to the PC. Readmission rates were lower (2 vs 0), mean length of stay was reduced (7.2 to 2.9), complications lower (OR 0.49), reduction in all-cause mortality by 33%, less opioid use by 28%, earlier feeding by 29.4 hours, reduction in ileus (2 vs 0)

Conclusions: ERAS shows better outcomes than in PC.

CW003 / #1634

EARLY CAREER WORKSHOP

Topic: AS17. Screening/Early Detection

IMPLICATIONS OF REVISED OVARIAN-ADNEXAL REPORTING AND DATA SYSTEM (ORADSV2022) FOR EVALUATION OF ADNEXAL MASSES

Shagun Kapoor¹, Rishu Goel¹, Ekta Dhamija², Smita Manchanda², Neena Malhotra¹, Seema Singhal¹

¹AIIMS, Department Of Obstetrics And Gynaecology, New Delhi, India, ²AIIMS, Department Of Radiodiagnosis, New Delhi, India

Introduction: The Ovarian-Adnexal Reporting and Data System (O-RADS), introduced in 2019, categorizes adnexal masses based on morphologic features to assess malignancy risk and guide management decisions. While O-RADSV1 exhibits high sensitivity, it often lacks specificity, potentially leading to unnecessary interventions, particularly in category 4. To address these concerns, O-RADS underwent revisions in 2022, incorporating benignity indicators such as bilocular cysts and shadowing for smooth solid lesions to refine risk assessment. Despite these updates, there is a dearth of comparative studies evaluating the enhanced diagnostic accuracy of O-RADSV2022 over its predecessor, a gap this study aims to address.

Methods: This was a prospective study at a tertiary care center from November 2021 to January 2023 where two senior radiologists conducted ultrasounds using Voluson E8. Masses were initially classified with ORADS 2019 lexicon, then retrospectively analyzed with O-RADS 2022 lexicon, with histopathology as the gold standard. Diagnostic accuracy was computed and compared, using STATA version 17.0 for data analysis.

Results: Analysis of 119 lesions in 119 patients revealed 60 benign and 59 malignant lesions. O-RADS demonstrated 100% sensitivity, 61.7% specificity, and ROC of 0.81, indicating good diagnostic accuracy. In category 4, 46.9% (23/49) were falsely positive, with mucinous cystadenomas comprising 47.8% of misclassified masses. Following O-RADS 2022 update, specificity and ROC improved to 83.3% and 0.91 respectively, with no change in sensitivity. The false positive rate of category 4 lesions decreased to 27.7% (10/36), with 56.5% (13/23) of previously misclassified masses now categorized as bilocular lesions.

Conclusions: O-RADSV2022 demonstrates superior diagnostic accuracy than O-RADSV1

CW004 / #1636

EARLY CAREER WORKSHOP

Topic: AS19. *Surgical Techniques and Perioperative Management*

PRESSURIZED INTRA-PERITONEAL AEROSOL CHEMOTHERAPY WITH ESCALATED DOSE VS. INTRAVENOUS CHEMOTHERAPY FOR PERITONEAL METASTASIS IN PLATINUM RESISTANT OVARIAN CANCER –SINGLE CENTRE RANDOMIZED CONTROL TRIAL

Esha Shanbhag¹, Sampige Prasanna Somashekhar², Ashwin K R², Rohit Kumar C², Vijay Ahuja³, Aaron Fernandes²

¹Aster International Institute of Oncology, Gynecologic Oncology, Bengaluru, India, ²Aster international institute of oncology, Surgical Oncology, Bangalore, India, ³Aster International Institute of Oncology, Gynecologic Oncology, Bangalore, India

Introduction: Platinum resistant ovarian cancer is linked to un-favourable prognosis with poor survival even with multiple lines of chemotherapy. PIPAC being a novel drug delivery technique is an innovative treatment option in these patients. The main objective of the study is to assess response rate between escalated dose PIPAC & IV chemotherapy

Methods: The trial is registered with Clinical Trials Registry – India (CTRI) REF/2018/08/021223. Primary endpoint was to assess the objective response rate (With RECIST 1.1) between PIPAC and IV chemotherapy arm. Secondary endpoints were to assess quality of life (QLQ C-30) and morbidity (CTCAE 4.0 and Clavien dindo) between the two groups. PIPAC was done with escalated dose - cisplatin 15mg /m² and doxorubicin 3mg/m². The choice of systemic chemotherapy was left at the discretion of treating physician.

Results: Overall 150 patients were analysed in the study. Results are as shown in the table. Mean age 57.3±8.05, PCI 24.45±6.39. Nearly 75.5% of patients had previous surgery and 72.5% of patients having received atleast 2 lines of prior chemotherapy and nearly 60 % having ascites. Histological regression was seen in 67.5% of patients with 3 cycles PIPAC. Functional, symptom and global health score at day 120 was significantly better with PIPAC arm when compared to IV

arm.

TABLE 1. RESULTS

PARAMETERS	PIPAC (N=75)	IV Chemo (N=75)	P – Value
Age (years)	55.5 ± 9.4	54.3± 6.7	0.128
Serum CA 125 IU/ml	220± 15.4	235± 12.7	0.230
PCI	23.5± 8.7	18.4± 7.5	0.460
No of cycles	3 PIPAC – 52 (70%) 2 PIPAC - 16 1 PIPAC - 7	6 CYCLES – 44 (58%) 4 CYCLES - 21 3 CYCLES – 10	—
Objective response rate	66.6%	22.5%	<0.05
Grade 3-4 events	10.0%	35.7%	

Conclusions: PIPAC is a safe, feasible, and tolerable treatment for patients with platinum-resistant ovarian cancer, with a potentially higher efficacy and improved quality of life compared to systemic chemotherapy with acceptable morbidity

CW005 / #1637

EARLY CAREER WORKSHOP

SENTINEL LYMPH NODE DETECTION USING FLUORESCENCE GUIDED SURGERY WITH INDOCYANINE GREEN IN PATIENTS WITH ENDOMETRIAL CANCER

Alvaro J. Ovando^{1,2}, Francisco Barrios-Schaeffer², Elsa Dubon²

¹Hospital de la Mujer, Endoscopia Ginecológica, Morelia, Mexico, ²INCAN, Gyn Onc, Guatemala, Guatemala

Introduction: Endometrial cancer ranks second among the most frequent gynecological neoplasms. 40% of cases are diagnosed in individuals over 65 years old. It usually presents with abnormal bleeding, purulent discharge, or pain. There are various types of treatments, ranging from hysterectomy with bilateral salpingo-oophorectomy, either open or laparoscopic. Currently, an adequate method for lymph node staging is the detection of the sentinel lymph node using indocyanine green, which has an accuracy rate of over 96%. Objective: To describe the effectiveness of sentinel lymph node mapping and its location using indocyanine green in patients with endometrial cancer as validation in our institution.

Methods: A prospective study was conducted that included patients with endometrial cancer treated with sentinel lymph node mapping and pelvic dissection from May 1, 2022, to June 30, 2023.

Results: The most frequent location of the sentinel lymph node was at the level of the internal iliac on the right side (43.7%) and the left side (48%). The age range was primarily between 50-59 years (43%). Most patients came from Chimaltenango (28.6%), with obesity (86%). The clinical stages were IAG2 and IBG2 (21.4%) respectively, and the histology was endometrioid adenocarcinoma (93%).

Conclusions: The detection of the sentinel lymph node in patients with endometrial cancer is an appropriate technique that is easy to apply and reproduce in our institution. The sensitivity and specificity of the sentinel lymph node were 100%, and it was detected in 93% of the cases.

CW006 / #1638

EARLY CAREER WORKSHOP

FIRST-LINE RUCAPARIB MAINTENANCE AFTER HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY WITH INTERVAL DEBULKING SURGERY FOR ADVANCED EPITHELIAL OVARIAN CANCER: A REAL-WORLD STUDY

Upasana Palo¹, Debapriya Mondal², Somnath Roy³, Arnab Bhattacharjee³, Anik Ghosh⁴, Basumita Chakraborti⁴, Jagannath Mishra⁴, Jaydip Bhaumik⁴

¹R N Tagore Hospital, Narayana Health, Gynecologic Oncology, Kolkata, India, ²Saroj Gupta Cancer Centre and Research Institute, Medical Oncology, Kolkata, India, ³Tata Medical Center, Medical Oncology, Kolkata, India, ⁴Tata Medical Center, Gynecologic Oncology, Kolkata, India

Introduction: In randomized controlled trials, first-line poly ADP-ribose polymerase inhibitor maintenance (PARPi) has improved survival in advanced epithelial ovarian cancer (EOC). However, limited data exist on PARPi maintenance following hyperthermic intraperitoneal chemotherapy with interval debulking surgery (IDS HIPEC). This study aimed to evaluate the outcomes of rucaparib maintenance after IDS HIPEC in Indian women with advanced EOC.

Methods: This retrospective study included clinical information of women who received rucaparib maintenance after undergoing IDS HIPEC for advanced EOC between January 2021 and December 2023. Appropriate descriptive and survival statistics were used in the analysis.

Results: A total of 25 women received first-line rucaparib maintenance after IDS HIPEC (median age 52; IQR 45–60) during the study period. Stage IIIC, IVA, and IVB were seen in 84%, 4%, and 12%, respectively, while all patients had high-grade serous histology (100%). Germline BRCA1 mutations were detected in 36% and BRCA2 mutations in 40% (BRCAm 76%). Mutations in nonBRCA homologous recombination repair genes were found in 20%. The median progression-free survival was 29.9 months (95% CI 13.7–46.1), and the median overall survival was not reached. The estimated 2-year overall survival was 81%. Treatment-related adverse events of grade ≥ 3 occurred in 60% of patients without any treatment-related mortality, and rucaparib dose reduction was required in 72% of cases.

Conclusions: First-line maintenance rucaparib after hyperthermic intraperitoneal chemotherapy with interval debulking surgery for advanced ovarian carcinoma had encouraging survival with no new safety concerns. This approach merits further evaluation in randomized studies.

CW007 / #1642

EARLY CAREER WORKSHOP (ON-DEMAND ABSTRACT PRESENTATION)

ARE WE RUNNING LATE TO CATCH THE WHO CALL FOR ELIMINATION OF CERVICAL CANCER? : A WAKE UP CALL

Karthik Bassetty, Dimpy Begum, Debabrata Barmon, Upasana Baruah, Jyotiman Nath, Duncan Khanikar, Mouchumee Bhattacharyya, P.S. Roy, Mahendra Kumar, Shiraj Ahmed, Chayanika Baruah
Dr Bhubaneswar Borooah Cancer Institute, Gynecology Oncology, Guwahati, India

Introduction: To assess the time taken between onset of symptoms to consultation with health care provider to the diagnosis of cervical cancer to initiation of treatment and completion of treatment. Secondary outcome was to analyze the various factors associated with the delay.

Methods: A prospective observation study was undertaken in a tertiary cancer center in North East India from 1st January 2023 to 31st December 2023. Time delay in presentation, diagnosis and treatment initiation and completion were studied and factors pertaining to the various delays were assessed.

Results: A total of 101 patients were included in the study. The median delay in presentation, diagnosis, initiation and completion of treatment was 60 days, 7 days, 28 days and 56 days respectively. The majority of women (77%) acknowledged they did not know abnormal vaginal bleeding was a red flag sign of cancer. None of them had undergone any screening test to detect cervical cancer. Sixty per cent of women had availed government insurance schemes. Age > 50 years, absence of prior gynaecology check-up, poor awareness and "quack" consultations have been associated with delayed presentation and disease apprehension, poverty and referral to higher diagnostic centres for advanced imaging were associated with delayed initiation and completion of treatment.

Conclusions: Increased awareness about cervical cancer, improvement of diagnostic facilities and better utilization of insurance schemes are the need of the hour in this part of the country to keep the journey to the WHO 2030 goal of cervical cancer elimination running on time without any hassles.