EC. We sought to compare post-platinum treatment outcomes between published and real-world sources.
Methods We searched PubMed (10 years) and Embase conference proceedings (3 years) for median OS (mOS), PFS (mPFS), ORR, and grade 3/4 adverse events (AEs) in advanced/recurrent EC, and compared to IBM® MarketScan® real-world US claims data (1/2014–11/2018). For MarketScan®, post-platinum therapy initiation (Index) represents the date of first EC drug claim after the end of platinum.
Results Data were extracted from 28 studies, including 4 controlled studies (3 randomized). Across studies, mOS was 9.6 mo (range 5.5–14.5 mo) and mPFS 2.8 mo (1.4–7.4 mo). Among the 5 studies with highest ORR, mPFS was 3.4 mo (3.0–7.4 mo). Most commonly reported grade 3/4 AEs were diarrhea (in 9/28 studies=32%), fatigue (8/28=29%), and anemia (7/28=25%). 1,576 patients met the real-world inclusion criteria. Median follow-up was 9.3 mo post-Index, and median 29.6 mo pre-Index coverage. 76% of patients received initial platinum–taxane therapy, most commonly carboplatin–paclitaxel (63%). Post-Index, 48% of patients received monotherapy: 19% hormonal therapy, 9% liposomal doxorubicin, 5% bevacizumab, 3% taxane; ≤2% any other monotherapy. Besides carboplatin-paclitaxel (13%), ≤4% received any other combination regimen. Median duration of post-platinum treatment was 3.5 mo across regimens.
Conclusions Although chemotherapy and hormonal therapy are used for EC post-platinum, efficacy is lacking among reported studies and real-world data, and no uniform standard of care exists. More effective and tolerable therapies are needed for advanced/recurrent EC.

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246 THE INTERNATIONAL GYNECOLOGIC CANCER SOCIETY GLOBAL CURRICULUM: PARTNERSHIPS BUILDING CAPACITY AND EXPERTISE IN GYNECOLOGIC ONCOLOGY FOR THE WORLD'S POOREST WOMEN

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Objectives Women in low- and middle-income countries (LMICs) have higher rates of cervical cancer and comparable rates of other gynecologic cancers when compared to women in high-income countries, yet the majority of LMICs have few gynecologic oncologist and lack formal training programs. The management of gynecologic cancers must be adapted to available resources and to potential differences in disease presentation and biology in LMICs.
Methods We developed an adaptable but universal curriculum for training in low resource settings. We supported collaborations between high- or middle-income country academic gynecologic oncologists and local mentors and trainees to either launch or strengthen formal gynecologic oncology fellowships. Milestones include: progression through the curriculum, clinical training with local and international mentors, regular Project ECHO tumor boards, logging of cases and educational activities, and observerships at the international mentor's institution. Trainees sit for a final examination; those who pass are awarded a certificate of completion from IGCS.
Results In 2019, IGCS is supporting 12 collaborative fellowships. Thirty fellows are in training, supported by 35 international mentors and 24 local mentors, and they have logged 1019 surgical procedures to date. Four major textbooks and the ACOG Prolog series have been donated to fellows. Forty-seven Project ECHO tumor boards were held in 2018. Fellows have traveled to host institutions in North America, Europe and Asia, and have attended international professional society meetings.
Conclusions The IGCS Global Curriculum is a novel model of sustained collaboration yielding academic quality, sub-specialty surgical training in resource limited settings that may be adapted to other specialties.

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247 PROJECT ECHO: REACHING BEST PRACTICES IN GYNECOLOGIC ONCOLOGY THROUGH INTERNATIONAL VIDEOCONFERENCING WITH CASE MANAGEMENT AND DIDACTICS

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Objectives The IGCS has expanded to include all regions of the world in the past three years, collaborating with many national societies and launching the Global Curriculum for gynecologic oncology fellowship training in LMICs. With this growth there has been great enthusiasm to learn from new colleagues. The extension for Community Healthcare Outcomes (Project ECHO) telementoring model has been known to improve patient outcomes in low resource areas through sharing of best practices in specialty care.
Methods The IGCS, in collaboration with MD Anderson Cancer Center, set up a Project ECHO platform in 2017 to connect members through monthly virtual tumor boards with planned didactic teaching sessions. Localsites present cases with relevant history, imaging and pathology. Multi-institutional groups of IGCS experts discuss best practices and make recommendations on management.
Results The IGCS currently has 13 host sites participating in Project ECHO. Ten of these are Global Curriculum sites, while three are sites with established gynecologic oncology