tion remains to be the gold standard for its diagnosis but ultrasound has been the preferred imaging modality for its initial screening.

The Philippine General Hospital is a recognized Trophoblastic Disease Center thus, evaluation of the accuracy of ultrasound is important for early screening and management. The aim of this study is to determine the accuracy of ultrasound in diagnosing first trimester molar pregnancy. A cross sectional study was performed involving 172 cases of first trimester molar and non-molar pregnancies. Thirty-six molar pregnancies were identified on ultrasound, and 5 cases had histopathologic findings of non-molar pregnancies. Of the 136 non-molar pregnancies, 3 cases had histopathologic findings of hydatidiform mole. Ultrasound findings of hydatidiform mole showed a heterogeneous mass with multiple cystic spaces and low level echo fluid. Overall, ultrasound has a sensitivity of 91.2% and specificity of 96.4%. The positive predictive value is 11.2% and negative predictive value is 97.8%. This shows that in PGH, first trimester ultrasound remains to be an excellent initial diagnostic modality for molar pregnancies.

IGCS20_1169

179 **THE PREVALENCE OF CIN II-III IN POSITIVE VISUAL INSPECTION USING ACETIC ACID (VIA) AT A TERTIARY GOVERNMENT HOSPITAL**

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Early detection is a key to reducing cervical cancer related mortality. Cervical cancer typically is preceded by preinvasive changes known as Cervical Intraepithelial lesion (CIN) II-III.

Objective The aim of the study is to determine the prevalence of CIN II-III in VIA positive result.

Methodology This is retrospective cross-sectional study conducted at a tertiary government hospital outpatient clinic from January 2017 to May 2019. 373 asymptomatic Filipino women, ages 20–65 years old were included in the study. All underwent cervical cancer screening using VIA. Women who had VIA positive results underwent colposcopically guided cervical punch biopsy.

Results Among 373 patients, there were 97 (26.01%) who had a positive VIA result. Of these positive VIA women, nine had CIN II-III, and five patients with squamous cell carcinoma.

Abstract 179 Table 1 Prevalence (95% CI) of CINI, CIN II-II and squamous cell carcinoma in 97 women who tested positive with the VIA test

	N (n = 97)	CIN I (n = 2/97)	CIN II-III (n = 9/97)	SCC (n = 5/97)
	Frequency (%)			
Age (years)	41.41 ± 9.72	43.5 ± 14.85	45.56 ± 10.43	41.6 ± 9.86
20 – 30	14	0	1 (11.11)	1 (20)
31 – 40	35	1 (50)	3 (33.33)	0
41 – 50	33	0	3 (33.33)	3 (60)
51 – 60	10	1 (50)	1 (11.11)	1 (20)
61 – 65	5	0	1 (11.11)	0

Abstract 179 Table 2 Prevalence of CIN and positive predictive value of VIA to detect at least CIN II

Prevalence (95% CI)	
CIN I	2.06 (0.25 – 7.25)
CIN II-III	9.28 (4.3 – 16.88)
SCC	5.15 (1.69 – 11.62)
Positive Predictive Value (95 % CI)	14.43 (8.12 – 23.03)

Conclusion The prevalence of CIN II-III among women with positive VIA was estimated at 9.28% (95% CI 4.3–16.88), while those with squamous cell carcinoma was at 5.15% (95% CI 1.69 – 11.62%).

IGCS20_1171

180 **AN OPEN-LABEL RANDOMIZED ACTIVE-CONTROLLED PHASE II CLINICAL STUDY TO ASSESS EFFICACY AND SAFETY OF AFURESERTIB PLUS PACLITAXEL VERSUS PACLITAXEL IN PATIENTS WITH PLATINUM-RESISTANT OVARIAN CANCER**

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Introduction Relapse of OC within 6 months after the last dose of platinum-based therapy is defined as platinum-resistant OC (PROC). Non-platinum therapies for PROC results in a progression-free survival (PFS) of 3.5–4 months and overall-response rate (ORR) of 10–20%. Therefore, developing new therapies for PROC remains an unmet medical need. Afuresertib (GSK2110183), a new oral, small-molecule pan-AKT kinase inhibitor, can reduce AKT activity in cancers and re-sensitize tumor cells to taxanes when used as a combination therapy. In addition, afuresertib plus chemotherapy has demonstrated anti-tumor efficacy (ORR 32% with mPFS of 7.1 months) with acceptable safety profiles. Therefore, the combination of afuresertib plus weekly paclitaxel warrants investigation in PROC.

Methods This is an open-label randomized active-controlled global phase II clinical study assessing the efficacy and safety of afuresertib (125 mg PO qD) plus paclitaxel (80 mg/M2 IV D1,8,15) q3W versus paclitaxel in PROC patients. Primary endpoint is PFS (RECIST 1.1). Secondary endpoints include: OS, ORR, DOR, DCR, CA-125 response, etc. A total of 141 patients with PROC from both USA and China will be randomized 2:1 to combination and paclitaxel only arms, respectively. Inclusion criteria is histologic/cytologic confirmed high-grade serous, endometroid, or clear cell OC with 1 to 3 prior systemic therapies. Patients must either have received or be ineligible for prior bevacizumab and/or PARP inhibitor.

Results First patient was enrolled and dosed 7/7/2020 with planned study completion in mid-2022.

Conclusion/Implications New PROC afuresertib trial is now available for enrollment in US and China (NCT04374630).