EPV154/#117 HIV TESTING IN CERVICAL DYSPLASIA, PRACTITIONERS' OPINION

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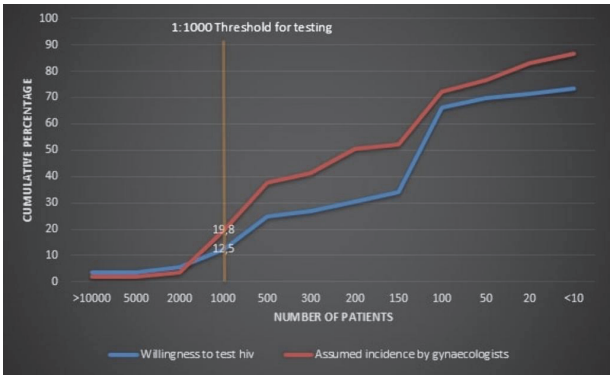
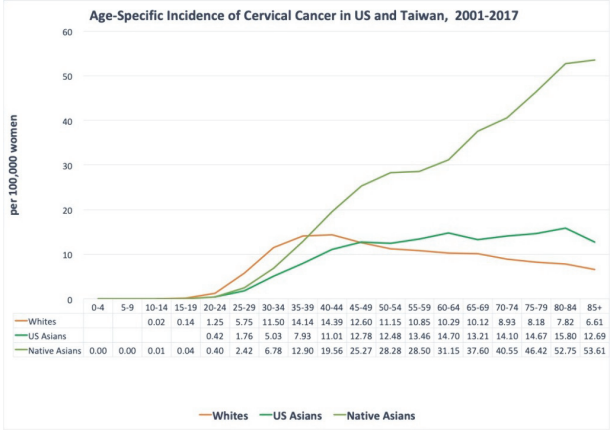
Objectives Cervical dysplasia is an HIV indicator condition and according international recommendations HIV testing is strongly advised in women with cervical dysplasia, because the risk of an undiagnosed HIV is thought to be >0.1%. Therefore an HIV test should be offered to all women with cervical dysplasia. There is no literature about the opinion of Gynaecologist on HIV screening in patients with cervical dysplasia.
Methods We sent an online questionnaire to gynecologist in South West Netherlands to investigate 1) what they know about this issue, 2) their opinion and willingness on active HIV testing for this cervical dysplasia.
Results The questionaire was sent to 103 gynaecologists of whom fifty-six participants replied (54%). Forty-eight (86%) think patients are not offended when HIV testing is offered and 50 (89%) have no difficulty to address HIV testing. Thirty-nine (70%) gynaecologist think that the prevalence of undiagnosed HIV infection is lower than 0.1%, and only seven (12,5%) accept HIV testing in case of a prevalence of 0.1% or less. Thirthy-two (57%) are willing to test with a prevalence of 1% or higher.
Conclusions To address and offer HIV testing seems not an issue for the gynaecologists questioned in our study. However, the willingness to routinely perform an HIV test for cervical dysplasia at the assumed 0.1% prevalence looks insufficient and differs from the recommendations of international policy makers. Discussion is needed tot change the treshold or the willingness for testing.



Abstract EPV154/#117 Figure 1



Abstract EPV155/#210 Figure 1 Age-specific incidence of cervical cancer in US and Taiwan, 2001–2017

EPV155/#210 DISPARITIES IN CERVICAL CANCER INCIDENCE IN NATIVE ASIANS VS. US ASIANS – A POPULATION ANALYSIS

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Objectives To evaluate the incidence and trends of cervical cancer in native Asians compared to Asians in the United States.
Methods Data were obtained from Taiwan Cancer Registry in Health and Welfare Data Center and United States Cancer Statistics between 2001 and 2017. SEER*Stat 8.3.8, Joinpoint regression program 4.8.0.1, Microsoft Excel calculated the age-adjusted incidence (AAI, per 100,000 women), age-specific incidence (ASI, per 100,000 women), and trends (average annual percent change, AAPC).
Results Compared to US Asians, native Asians had a significantly higher cervical cancer incidence at 7.8 vs. 5.1 per 100,000. Over time, the incidence in Taiwan is improving at a rate of 6% per year but remains high. Based on age groups, the incidence increased at a younger age in Whites (25–29 years) compared to an older age in US Asians (30–34 years) and native Asians (35–39 years). Although new cases peaked in Whites and US Asians after age 40 and then plateaued in the older age groups, native Asians continued to have an increase into age 80. In fact, the incidence of cancer in native Asians age 85 and older was 53.6 vs. 12.7 in US Asians, a four-fold difference.
Conclusions After age 40, cervical cancer incidence was increasing every 5-age years in native Asians while plateauing in the US. Native Asians aged 85+ years had a four-fold higher incidence of cervical cancer compared to age-matched US Asians. The lack of screening may explain these disparities.

EPV156/#363 ADEQUACY OF INFORMATION RECEIVED FOR PATIENTS TREATED OVERSEAS AND ITS IMPACT ON CONTINUING TREATMENT AND FOLLOW-UP

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Objectives The gynaecological oncology service in Doha treats all women living in or visiting Qatar. Despite the quality and affordability of the service many women travel overseas for

treatment or present following treatment overseas requesting further management. We frequently experience difficulties relating to the quality of information received regarding their management which makes follow up and ongoing treatment more challenging.

Methods Patients discussed in the multidisciplinary team meeting over a 3yr period who received treatment overseas were identified. The electronic patient record was reviewed for each patient to assess the quality of the information received regarding the clinical management (investigations, operative reports, chemotherapy and radiotherapy treatments). Pathology information received was assessed in terms of availability of reports meeting minimum dataset criteria or provision of pathological specimen blocks.

Results 15.1% of patients (n=129/850) discussed by the MDT sought treatment overseas between 4/2015 and 3/2018. Patients travelled to 28 different destinations. Most commonly U.S.A(15.7%), Philippines (15%), UK(10.5%) and Thailand (9.2%). 60% of patients provided no or poor pathology information. 19% had no formal and 29% had inadequate clinical information regarding treatment received. Only 32.6% (n=42) provided adequate clinical and pathological information.

Conclusions The quality of information provided for patients travelling between different countries frequently falls below a level that is required for confident decision making regarding future management. Development of a recommended minimum dataset report to be used for such patients would be of significant value and is perhaps something that would appropriately be managed by the IGCS.

EPV157/#364 PATIENTS SEEKING GYNAECOLOGIC ONCOLOGY TREATMENT OVERSEAS: DOES IT MAKE A DIFFERENCE?

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Objectives All gynecologic oncology patients in Qatar receive treatment recommendations according to guidelines developed after reviewing international best practice (e.g., NCCN; ESGO; BGCS guidelines) by our multidisciplinary team (MDT). However, despite a highly-regarded and highly-affordable or free national health service, many women travel overseas for treatment. We wished to investigate if the decision to travel resulted in any difference in treatment received, and whether that was of any benefit or harm to the patients.

Methods We performed a retrospective review of all patients discussed in the MDT meeting over a 3yr period to identify those who received treatment overseas. The treatment received was reviewed for each case and compared with our MDT plan.

Results Approximately 1 in 7 (15.1%) patients (n=129/850) discussed by the MDT sought treatment overseas between 4/2015 and 3/2018. Patients travelled to 28 different destinations, most commonly; U.S.A(15.7%); Philippines (15%); UK (10.5%) and Thailand(9.2%). 25% of patients received different treatment to that recommended by our MDT. One had been referred to an overseas centre due to the unusual nature of her disease. Two patients opted for unrecognized and unproven treatment by alternative practitioners. Many patients were subjected to unnecessary investigations, surgery, chemotherapy or radiotherapy.

Conclusions Most women who travelled abroad received the same treatment to that recommended by the Qatar MDT. Commonly, where there was different treatment, we considered that treatment received was inappropriate according to our guidelines and international best practice. There was a tendency for patients to receive additional or unnecessary treatment after travelling.

EPV158/#447 THE IGCS PROJECT ECHO VIRTUAL TUMOR BOARD: REVIEW OF A PATHOLOGIST'S EXPERIENCE FROM THE FIRST 2 YEARS

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Objectives This project aimed to summarize the experience of a mentor pathologist in the IGCS ECHO project virtual tumor boards, which utilize case-based analysis of patients using videoconferencing technology to connect physicians in low resource settings with international mentors.

Methods All cases discussed by a single pathologist in the IGCS project ECHO virtual tumor board sessions from July 2019 to May 2021 were included. De-identified information was entered into a spreadsheet. Standard descriptive analysis was performed.

Results Since July 2019, 50 virtual tumor board sessions were attended by one mentor pathologist. One to three cases were presented each session. A local site pathologist was present in 60% of sessions. Pre-meeting case details and microscopic images were emailed to mentor for 94% of sessions and 64% of cases, respectively. Pathologic diagnosis was included for 91% of cases. Mentor pathologist significantly contributed to the discussion of 71 (86%) cases. Cases discussed were primarily cancers of the ovary (n=30), cervix (n=23) and endometrium (n=10). Cancers of the uterus (n=4), vulva (n=4), vagina (n=2), fallopian-tube (n=1), germ cell tumors (n=4), pregnancy-related malignancies (n=3), and tuberculosis (n=1) were also reviewed. Case discussions were focused on tumor morphology, grading and accurate classification, prognostic factors, differential diagnosis, immunohistochemistry, appropriate tumor sampling, and the value of cytology. Appropriate references were suggested for review.

Conclusions Participation of consultant pathologists in IGCS project ECHO virtual tumor boards significantly improves the quality of pathology data for clinical management and provides educational opportunities to physicians in low resource settings for better management of gynecological cancers.

EPV159/#479 ROLE OF PATHOLOGY CONSULTANT IN ADVANCEMENT OF DIAGNOSTIC ONCOLOGY IN UNDERSERVED COUNTRIES

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