

pharmacovigilance of many important Ayurvedic drugs are still not fully explored. Moreover, the comprehensive knowledge of the basic ideologies of Ayurveda is poorly acceptable scientifically due to lack of evidence. In the modern time, when the Western medicinal system is reached almost at the top because of validated research and advanced techniques.

Methods

- There is a lack of cooperation and willingness of Biomedical Scientists who are often unduly skeptical and carry prejudice
- More than a thousand Ayurvedic postgraduates pass out each year and enter into the streamline of academics and practice. Among them, only a few choose their profession as researcher in Ayurveda
- Neither has the Ayurvedic teaching changed in the last 50 years nor have the textbooks enriched with new research methodologies.

Results Basic differences between Ayurveda and modern science should be taken into account when designing the research protocols. The main concern must be given to the classical approach of Ayurveda *Prakriti, Agni, Dhatu, Srotas, Rasayana, Shatkriyakala, Agnibala, Ojabala, Manobala*, etc.

Conclusions The drug should be the last rather than first mean of treatment, beginning with the natural healing method like Ayurveda. One of the Ayurvedic treatment modalities such as *Panchkarma* can remove disease before its manifestation. Having all the above beauties, Ayurveda is still lagging behind because of the lack of scientific evidence in many cases and poor research methodology.

IGCS19-0463

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GYNECOLOGIC AND BREAST ONCOLOGY GENETIC COUNSELING PROGRAM AT A PRIVATE HOSPITAL IN ARGENTINA: OUR EXPERIENCE

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Objectives To describe the characteristics of all patients who were referred to the Breast and Gynecologic Hereditary Cancer Program.

Methods This is a retrospective, descriptive observational study. We obtained information from the electronic clinical records of all patients who were counseled within the program between January 2014 and May 2018. Here we describe their demographic characteristics, types of cancer and availability of genetic testing.

Results A total of 412 patients were referred for evaluation of breast and gynecologic cancer risk. The reason for referral was: a personal history of cancer (with or without family history) in 249 patients (60.4%), family history in 124 patients (30.1%), presence of a known mutation within the family in 27 patients (6.6%), and personal interest in 12 patients (2.9%). Among all patients, 51 (12.3%) were of Ashkenazi descent, and 88.3% met at least one criteria for genetic testing according to NCCN guidelines. Genetic testing was offered to 227 patients (55%). Complete sequencing of both BRCA 1 and 2 was recommended in 176 patients, while 37 patients underwent Ashkenazi panel testing, in 16 patients specific known family mutations were evaluated and 1 patient

underwent a multigene panel. Mutations in BRCA 1 have been identified in 18.6% of patients, and in BRCA2 13.9%.

Conclusions Referral for genetic counseling and molecular testing has increased steadily, probably due to greater knowledge as well as improved accessibility and insurance coverage. It is crucial to continue creating awareness about the importance of diagnosis of cancer predisposition syndromes.

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IMPLEMENTING IGCS GYNECOLOGIC ONCOLOGY GLOBAL CURRICULUM AND TRAINING PROGRAM IN NEPAL

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Objectives To present about the IGCS Gynecologic Oncology Global Curriculum & Training Program in Nepal.

Methods Descriptive.

Results In Nepal about 60,000 to 70,000 patients suffer from cancer annually. Among Nepalese women cervical cancer still is the commonest malignancy. In gynecological cancers cervical, ovarian, uterine, gestational neoplasia and vulvo-vaginal cancers are commonly seen. To cater the required services to these needy cancer patients there are only three comprehensive cancer hospitals and few trained oncologists. Situation is similar in gynecologic oncology as well. To address the urgent need of gynecologic cancer patients, training program in gynecologic oncology was thought to be essential by Michael Quinn, the president of IGCS. Thus, with lots of positive thoughts and preparations Global Curriculum & Mentorship Program was initiated in Nepal since January 2019 with primary training site being Civil Service Hospital of Nepal tied up with TATA Medical Center, Kolkata, India. IGCS Nepal-Site Global Curriculum & Mentorship Program follows the same two to three years training program as other eleven centers around the globe. The program has been a good beginning evident by regular MDT discussions, tumour board discussions, and monthly ECHO sessions.

Conclusions IGCS Nepal-Site Global Curriculum & Mentorship Program is at its very initial phase, we have a long way to go; similar to being at Base Camp, and having a mountain to Climb!!!

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COMPARING CLINICAL AND REAL-WORLD OUTCOMES FOR PATIENTS WITH ENDOMETRIAL CANCER (EC) WHO HAVE RECEIVED PRIOR PLATINUM-BASED THERAPY

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Objectives Platinum and taxane-based therapy is considered standard for patients with newly diagnosed advanced/recurrent

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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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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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