Results The average numbers of participant groups were 10.8 from 2004 to 2008, 17.0 from 2009 to 2013, and 19.1 from 2014 to 2017. The participant groups originated from Europe, North America, Latin America, Oceania and Asia. Total number of activities was 69. The major activities were aimed at overcoming international variations in managing clinical trials (eg. budgeting, insurance, data quality, communication amongst groups, etc.). The committee developed common templates, tools and policies, as well as minimum standards of data quality for GCIG trials, in order to facilitate intergroup collaboration. The committee also addressed issues in rare tumors, translational research and QoL/PRO instruments. Education, including mentoring, is ongoing.
Conclusions With growing recognition of the importance of operational harmonization in international trials, more groups have been participating in the Harmonization Committee. The committee has been challenging problems towards improving outcomes for patients. This review showed that operational harmonization is an essential component of successful international trials. The Harmonization Committee will continue to enhance high quality clinical trials for gynecologic cancer patients.

IGCS19-0571

450 ABDOMINAL TUBERCULOSIS MIMICKING CARCINOMATOSIS

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Objectives To report an abdominal tuberculosis simulating ovarian cancer.
Methods The information has been obtained through review of medical records and review of the literature.
Results A 17-year-old female patient was admitted in the hospital due to fever, abdominal pain, ascites, and previous laparoscopy that evidenced carcinomatosis and ovary lesions. Serum CA-125 was 1529.8 U/ml and lactate dehydrogenase (LDH) was 2353 U/ml. Abdominal magnetic resonance (MR) evidenced lesions with expansive aspect in adnexal regions, presenting an intermediate signal in the T1 and T2 weights, areas of contrast enhancement and water diffusion restriction, suggesting a neoplastic process. Thorax CT was suggestive of active granulomatous infectious process. An uncle died a year ago by tuberculosis and other was being treated for tuberculosis pulmonary infection. HIV serology was negative. Previous laparoscopy material was reexamined by our pathologists, showing active chronic salpingitis with necrotic granulomas, and absence of acid-fast bacilli. A laparoscopy with peritoneal biopsies was performed. Pathology analysis evidenced acid-fast bacilli, compatible with mycobacteriosis. Late cultural examination was compatible with Mycobacterium tuberculosis. She was treated with rifampin, isoniazid, pyrazinamide and ethambutol for two months, followed by four months maintenance treatment with rifampin and isoniazid. Five months after treatment end, the patient was asymptomatic.
Conclusions Tuberculosis should be considered as a differential diagnosis of ovarian cancer, especially in endemic areas.

IGCS19-0076

451 HERBAL CLINICAL AND RESEARCH ISSUES

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Objectives Allopathic practitioners in India are outnumbered by practitioners of traditional Indian medicine and homeopathy (TIMH), which is used by up to two-thirds of its population to help meet primary health care needs, particularly in rural areas. India has an estimated 2.5 million HIV infected persons. However, little is known about TIMH use, safety or efficacy in HIV/AIDS management in India, which has one of the largest indigenous medical systems in the world.
Methods The purpose of this review was to assess the quality of peer-reviewed, published literature on TIMH for HIV/AIDS care and treatment. Of 206 original articles reviewed, 21 laboratory studies, 17 clinical studies, and 6 previous reviews of the literature were identified that covered at least one system of TIMH, which includes Ayurveda, Unani medicine, Siddha medicine, homeopathy, yoga and naturopathy. Most studies examined either Ayurvedic or homeopathic treatments. Only 4 of these studies were randomized controlled trials, and only 10 were published in MEDLINE-indexed journals.
Results Overall, the studies reported positive effects and even “““cure””” and reversal of HIV infection, but frequent methodological flaws call into question their internal and external validity. Common reasons for poor quality included small sample sizes, high drop-out rates.
Conclusions Design flaws such as selection of inappropriate or weak outcome measures, flaws in statistical analysis, and reporting flaws such as lack of details on products and their standardization, poor or no description of randomization, and incomplete reporting of study results.

IGCS19-0720

452 DO DOCTORS THEMSELVES GET SCREENED FOR CERVICAL CANCER? -A QUESTIONNAIRE BASED STUDY FROM WESTERN RAJASTHAN (INDIA)

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Objectives To find out percentage of female doctors who have undergone screening for cervical cancer.

To asses knowledge and attitude for cervical cancer screening in female doctors.

To find out reasons for non-screening in those who never had any screening.
Methods This was a questionnaire based study done in female doctors of Jodhpur. After informing the purpose of study, printed questionnaire was given and asked to fill the data. Identity of the person was kept confidential Questions comprised of whether they have themselves got screened, knowledge and attitude about screening and reasons for not getting themselves screened