IGCS19-0552

74 HYPERMETHYLATION FOR CERVICAL CANCER SCREENING AMONG HIV-POSITIVE WOMEN IN SOUTH AFRICAN

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Objectives We investigated the role of molecular markers in cervical cancer screening for South African women living with HIV (WLHIV).

Methods South African WLHIV underwent cervical screening and colposcopy-directed biopsy with molecular screening. Data included cytology, HPV (high-risk), HPV (16/18) and histology. Detection of FAM19A4/miR124–2 hypermethylation was performed on DNA isolated from cervical scrapes. Diagnostic performance of cytology and HPV tests alone and combined with FAM19A4/miR124–2 hypermethylation was determined.

Results 285 women were included in the analyses. Cytology provided the highest specificity (91.6%), but lowest sensitivity (59.3%), HPV (high-risk) provided the highest sensitivity (83.1%), but lowest specificity (66.4%). Combining cytology with methylation did not improve the performance of cytology alone, but triage of HPV (high-risk) with methylation, increased specificity (76.1%) while maintaining an acceptable sensitivity (72.9%). Similar performance was observed for HPV (16/18) with methylation triage (sensitivity 79.7%, specificity 74.8%). Number referred per CIN3+ was lowest for cytology (1.5), but only slightly higher for HPV (high-risk) or HPV (16/18) with methylation triage (2.3 and 2.2).

Conclusions We report promising results using molecular triage of HPV positive WLHIV with methylation markers regarding sensitivity and specificity for CIN 3+.

IGCS19-0284

75 LEBANESE EXPERIENCE WITH CYTOREDUCTIVE SURGERY IN OVARIAN CANCER: A SINGLE INSTITUTION SERIES

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Objectives To review the surgical outcomes of cytoreductive surgery for ovarian cancer in a single institution.

Methods we reviewed all patients with ovarian cancer who received a cytoreductive surgery between January 2005 and December 2018 at Hôtel-Dieu de France University Hospital, Lebanon.

Results 161 patients were included. Mean age at surgery was 54 years (range 16 – 83 years). Cytoreductive surgery was done in four settings: upfront surgery (40%), interval surgery post neoadjuvant chemotherapy (42%), post recurrence (7%), post incomplete primary surgery (11%). 67% of operated patients were in stage III. Surgical resection included bowel resection (48%), diaphragmatic peritoneal resection (25%) and splenectomy (15%). 89% of patients received a pelvic and para-aortic lymphadenectomy. Node involvement was noted in 48% of cases. No recurrence was seen in 56% of cases and the mean interval of recurrence was estimated at 21 months with 78% of recurrences occurring after 12 months from surgery. Overall survival was estimated at 40 months (range 2 – 165 months). No impact on survival was detected whether the patient benefited from an upfront surgery or an interval one post neoadjuvant chemotherapy: 36 months vs 30 months respectively, (p= 0.39). Better survival was encountered when only one lymph node was involved (85 months vs 42 months, p=0.037).Patients with LNR ≤ 0.03 had a survival of 50 months vs. 27 months in patients with LNR > 0.03.

Conclusions Huge efforts including extensive cytoreductive surgeries are being performed at institutions in developing countries in order to improve survival and lower recurrence in ovarian cancer patients.

E-Poster Discussions

Poster Discussion with the Professor Station 1

IGCS19-0419

76 PATIENTS (PTS) WITH RECURRENT GYNECOLOGIC CANCER WHOSE TUMORS HAVE ACTIVATING WNT PATHWAY MUTATIONS RESPOND BETTER TO DKN-01, A DICKKOPF-1 (DKK1) INHIBITOR

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Objectives Wnt/β-catenin signaling is frequently dysregulated in gynecologic malignancies. *CTNNB1*, *APC* and *RNF43* mutations cause pathway activation; *CTNNB1* stabilizing mutations lead to elevated DKK1 expression which promotes an immune suppressive tumor microenvironment. Neutralization by DKN-01 (D), a mAb against DKK1, is being tested in a phase 2 basket study.

Methods Eligibility included recurrent endometrial cancer (EC) or platinum resistant/refractory ovarian cancer (OC) enriched (~50%) for Wnt signaling-related genetic alterations. Subgroup analysis was done in pts with genetic alterations associated with activation of Wnt/β-catenin signaling (*CTNNB1*, *APC* or *RNF43*). Pts were assigned (MD discretion) to receive D (300 mg on Days 1 & 15) or D + paclitaxel (P) (80 mg/m2 on Days 1, 8 and 15) of a 28-day cycle. Primary endpoint is