IGCS19-0552

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

C Visser, W Kretet, E Breytenbach, C Meijer, G Dreyer. University of Pretoria, Department of Obstetrics and Gynaecology, Pretoria, South Africa; Free University Amsterdam, Department of Pathology, Amsterdam, The Netherlands

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 72.9%). Number referred per CIN3+ was lowest for HPV (16/18) with methylation (sensitivity 74.8%).

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

IGCS19-0284

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

D Atallah, M Moubanak, B Dagher, N El Kassis, N El Haje, G Chahine. Saint Joseph University, Obstetrics and Gynecology, Beirut, Lebanon; Saint Joseph University, Oncology, Beirut, Lebanon

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 Hotel-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

PATIENTS (PTS) WITH RECURRENT GYNECOLOGIC CANCER WHOSE TUMORS HAVE ACTIVATING WNT PATHWAY MUTATIONS RESPOND BETTER TO DKK1 INHIBITOR

R Arend*, C Castro, U Matulonis, E Hamilton, C Gunderson, K Lybarger, H Goodman, D Ducka, M Mahdi, E ElNaggar, M Kaye, R Barroilhet, W Bradley, I Schaf, D O’Malley, C Strad, M Beter. University of Alabama at Birmingham, Gynecologic Oncology, Birmingham, USA; Massachusetts General Hospital, Hematology/Oncology, Boston, USA; Dana Farber Cancer Institute, Gynecologic Oncology, Boston, USA; Sarah Cannon Research Institute/Tennessee Oncology, Breast and Gynecologic Cancer Research Program, Nashville, USA; The University of Oklahoma Health Sciences Center, Gynecologic Oncology, Oklahoma City, USA; Sarah Cannon Research Institute at HCA Midwest, Gynecologic Oncology, Kansas City, USA; Florida Cancer Specialists, Gynecologic Oncology, West Palm Beach, USA; University of Virginia Health System, Gynecologic Oncology, Charlottesville, USA; Cleveland Clinic, Gynecologic Oncology, Cleveland, USA; West Cancer Clinic, Gynecologic Oncology, Memphis, USA; Leap Therapeutics- Inc., Research, Cambridge, USA; University of Wisconsin Hospitals and Clinics, Gynecologic Oncology, Madison, USA; HonorHealth Research Institute at HCA, Hematology/Oncology, Scottsdale, USA; Ohio State University, Gynecologic Oncology, Columbus, USA; Leap Therapeutics- Inc., Clinical Research, Cambridge, USA

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 DKKN-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...
between CIN2/3 and invasive cancer from matched cohorts: UK (p<0.003), Spain (p<0.0001) and Colombia (p<0.003).

ROC-curves were used to assess the diagnostic potential of S5 in differentiating cancers from CIN2/3. The AUC was 0.86 (CI 95%: 0.7965 to 0.9131, p<0.0001) with a sensitivity of 79.8% and a specificity of 83.1%, based on a cut-off at highest Youden J-index.

Conclusions The S5 methylation classifier may be useful in cervical screening programs for identifying progressive pre-cancers in women. Although the separation was very good, there is room for improvement by addition of new markers derived from our ongoing NGS multi-omics study.

IGCS19-0225

IGCS GYNECOLOGY ONCOLOGY GLOBAL CURRICULUM AND MENTORSHIP PROGRAM IN MOZAMBIQUE: CHALLENGES AND RESULTS OF AN OVERSEAS SURGICAL TRAINING PROGRAM

1D Changule*, 1R Rangeiro, 1S Daud, 1M Ribeiro, 1E Luis, 1F Fabota, 2GF Cintra, 3R Moretti-Manques, 4MA Vieira, 5MP Salcedo, 6ES Baker, 1C Lorenzoni, 7KM Schmeler, 8A Lopes. 1Hospital Central de Maputo, Gynecologic and Obstetric, Maputo, Mozambique; 2Hospital Sirio Libanês, Gynecologic-Obstetrics, Brasilia, Brazil; 3Hospital Albert Einstein, Gynecologic-Onco, Sao-Paulo, Brazil; 4Hospital de Cancer de Barretos, Gynecologic-Oncology, Barretos, Brazil; 5Universidade Federal de Ciências de Saúde de Porto Alegre- Universidade Santa Casa de Misericórdia, Gynecologic-Obstetrics, Porto Alegre, Brazil; 6Departments of Gynecologic-Obstetrics and Reproductive Medicine from the University of Texas MD Anderson Cancer Center- Houston, Gynecologic-Obstetrics, Texas, USA; 7Ministerio da Saude de Mocambique, Hospital Central de Maputo- Anatomia Patologica, Maputo, Mozambique; 8Instituto Brasileiro de Controle do Cancer-IBCC, Gynecologic-Oncology, Sao-Paulo, Brazil

Objectives To describe the implementation of the IGCS Gynecologic Oncology Global Curriculum and Mentorship Program (Global Curriculum) in Mozambique.

Methods The Global Curriculum is a training program for regions that do not have formal training in Gynecologic Oncology. The Mozambique program is a collaboration between Maputo Central Hospital, five institutions in Brazil and MD Anderson Cancer Center. In January 2016, three Obstetrician-Gynecologists were selected as the Global Curriculum fellows. They follow an on-line curriculum, receive quarterly visits from international mentors, participate in monthly tumor boards using Project ECHO and enter case logs into the REDcap system.

Results To date, there have been 9 visits to Mozambique. Each visit consists of didactic lectures, surgical training, multi-disciplinary care and the management of preivansive desease. Between visits, monthly videoconferences are held to discuss patient cases. A total of 91 surgeries have been perfomed, including 45 radical hysterectomies, 11 cold knife conizations and 14 radical vulvectomy. Six colposcopy and LEEP courses were held with 202 attendees from all provinces of the country, 174 colposcopies and 35 LEEPs performed. In August 2018, a patient underwent radical hysterectomy and it was the first time this procedure was perfomed exclusively by Mozambican surgeons.

Conclusions The IGCS model of surgical training is feasible and has already shown good results for the oncology patients and fellows in Mozambique.