Conclusions This network meta-analysis is the first to compare and rank first-line maintenance therapies in aOC. It indicates that PARPI have better outcomes than AA. It also demonstrates that individual PARPI vary in frequency of AE ≥3 as well as clinical efficacy across mutation subtypes.

IGCS20_1354

332 PATTERNS OF CARE AND OUTCOMES OF VULVAR CANCER TREATMENT IN WOMEN WITH OR WITHOUT HIV INFECTION IN BOTSWANA

Sakumura* 1, MacDuffie, 2 Luckett, 3 Moloi, 3 T Ralafala, 3 Bwochera-Nsingo, 3 Zetola, 3 J Grover, 1 University of Pennsylvania, USA; 2 Beth Israel Deaconess Medical Center, USA; 3 University of Botswana, Botswana

10.1136/ijgc-2020-IGCS.284

Objective Vulvar cancer rates are increasing in low-and middle-income countries with high incidence of HPV and HIV co-infection. Patterns of care in low-resource settings are not yet well described.

Methods Women with vulvar cancer who presented to an oncology clinic in Botswana from January 2015 through October 2019 were prospectively enrolled in this observational cohort study. Factors associated with survival including age, HIV status, stage, and treatment were evaluated.

Results 128 women with vulvar cancer were enrolled with a median age of 42 years. 46.6% presented at late stage (stage III/IV). 89% (n=107) of patients were living with a well-controlled HIV infection with a median CD4 count of 461 cell/ul (IQR 300.5–684.5) and high level of viral suppression (95% with viral copies < 400). Surgery was performed in 25 (20.8%) patients. 29 (24%) patients received chemotherapy. 81 (67.5%) received radiation therapy. Adjusted analysis controlling for HIV, age, stage, surgery, chemotherapy demonstrated no differences in survival at 32 months by HIV status (HR, 0.426; 95% CI, 0.112–1.5976). Older age (HR, 1.06; (95% CI, 1.02–1.11) was associated with worse survival while receipt of surgery was associated with improved survival (HR 0.09, 95% CI 0.01–0.74).

Abstract 332 Figure 1 Kaplan Meier curve of multivariate survival analysis of patients with vulvar cancer by FIGO stage (1a), HIV status (1b), and Receipt of surgery (1c)
Conclusions Women in Botswana with vulvar cancer have a high rate of HIV infection and present at a young age. While decreased survival was associated with older age, HIV status did not impact survival. One-fifth of patients received surgery, which was associated with improved survival. Future efforts to identify patients early with limited disease burden and increase surgical capacity may improve outcomes.

IGCS20_1356

STANDARDIZATION OF CAREGIVER AND NURSING PERIOPERATIVE CARE ON GYNECOLOGIC ONCOLOGY WARDS IN A RESOURCE-LIMITED SETTING

1J Wong*, 2P Mulamira, 3J Artzu, 4M Nabaire, 5D Drivana, 6D Mugabi, 5S Nabulime, 2E Nankya, 4R Batumba, 2A Okoth, 3JL Namugga, 2J Ajeani, 2C Nakisige, 5SM Ueda, 1J Wong*, 2PM Mulamira, 3J Arizu, 2MN Abwire, 2DD Riwaru, 2D Mugabi, 2S Nabulime, 1J Wong*, 2PM Mulamira, 3J Arizu, 2MN Abwire, 2DD Riwaru, 2D Mugabi, 2S Nabulime.

Introduction In Kampala, Uganda, there is a cultural practice

IGCS20_1357

DETERMINANTS OF GYNECOLOGIC – ONCOLOGY REFERRAL AND MANAGEMENT OF OVARIAN MASSES IN THE PHILIPPINE GENERAL HOSPITAL (PRELIMINARY RESULTS OF THE OVERA STUDY)

1C Velayo, K Reforma, R Sicam*, 2M Hernandez-Diva, 2A Sy, 1University of the Philippines, Philippines; 2University General Hospital, Philippines.

Abstracts

Abstract 333 Table 1 Comparison of pre- and post-intervention outcome measures

<table>
<thead>
<tr>
<th>Pre-intervention, n (%)</th>
<th>Post-intervention, n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=9</td>
<td>N=10</td>
</tr>
<tr>
<td>Patient or family purchased pain medications before surgery</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Received antibiotic before surgery</td>
<td>1 (11.1%)</td>
</tr>
<tr>
<td>Received wound care education</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Received education on what to expect after surgery</td>
<td>0 (0%)</td>
</tr>
</tbody>
</table>

Conclusion Our findings suggest that patient- and family-centered perioperative care can be improved through standardization of nursing care, improved education, and integration of caregivers in a nursing-limited setting.

Int J Gynecol Cancer 2020;30(Suppl 3):A1–A210