Abstract 103 Table 1B Average annual percent change of artificial intelligence and gynecologic cancer publications

Estimated Joinpoints								
Cohort	Joinpoint	Estimate	Lower CI	Upper CI				
Uterine - 2 Joinpoints	1	2006	2000	2007				
Uterine - 2 Joinpoints	2	2010	2008	2014				
Cervical - 3 Joinpoints	1	1998	1995	2000				
Cervical - 3 Joinpoints	2	2004	2000	2007				
Cervical - 3 Joinpoints	3	2009	2006	2014				
Annual Percent Change (APC)								
Cohort	Segment	Lower Endpoint	Upper Endpoint	APC	Lower CI	Upper CI	Test Statistic (t)	Prob > t
Uterine - 2 Joinpoints	1	1990	2006	6.0*	1.4	10.9	2.7	0.0
Uterine - 2 Joinpoints	2	2006	2010	142.2*	34.4	336.4	3.1	0.0
Uterine - 2 Joinpoints	3	2010	2019	-15.7*	-24.3	-6.1	-3.3	0.0
Ovarian - 0 Joinpoints	1	1990	2019	16.1*	13.9	18.4	15.8	0.0
Cervical - 3 Joinpoints	1	1990	1998	43.7*	26.7	63.1	6.0	0.0
Cervical - 3 Joinpoints	2	1998	2004	-21.9	-39.7	1.2	-2.0	0.1
Cervical - 3 Joinpoints	3	2004	2009	70.7*	18.4	146.0	3.1	0.0
Cervical - 3 Joinpoints	4	2009	2019	-1.6	-10.1	7.7	-0.4	0.7
* Indicates that the Annual Percent Change (APC) is significantly different from zero at the alpha = 0.05 level.								
Average Annual Percent Change (AAPC)								
Cohort	Range	Lower Endpoint	Upper Endpoint	AAPC	Lower CI	Upper CI	Test Statistic~	P-Value~
Uterine - 2 Joinpoints	Full Range	1990	2019	10.7*	1.5	20.7	2.3	0.0
Ovarian - 0 Joinpoints	Full Range	1990	2019	16.1*	13.9	18.4	15.8	0.0
Cervical - 3 Joinpoints	Full Range	1990	2019	14.5*	4.8	25.2	3.0	0.0
* Indicates that the AAPC is significantly different from zero at the alpha = 0.05 level.								
~ If the AAPC is within one segment, the t-distribution is used. Otherwise, the normal (z) distribution is used. See Help to Learn More								

5% of all AI research. Of gynecologic cancers, ovarian cancer publications had the highest average yearly increase at 16.1% on joinpoint analysis, whereas the average annual rates of increase in uterine and cervical cancer publications were 14.5% and 10.7% ($p < 0.001$) (table 1B).

Conclusion Compared to breast and prostate cancers, there are a disproportionately lower number and rate of publications related to gynecologic cancers and AI. Ovarian malignancies were the most widely published compared to uterine and cervical malignancies.

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CONSERVATIVE SURGERY IN FERTILITY SPARING MANAGEMENT OF EARLY STAGE CERVICAL CANCERS – A REVIEW OF ONCOLOGIC AND REPRODUCTIVE OUTCOMES AT A TERTIARY CENTRE IN AUSTRALIA

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Introduction Less radical, fertility-preserving surgery in early stage cervical cancer has been an area of interest. We review the oncologic and reproductive outcomes of cases treated with cone biopsy or simple vaginal trachelectomy (SVT) with pelvic lymph node assessment at a tertiary institution in Australia.

Methods Patients diagnosed with stage IA1 with lymphovascular invasion (LVSI), IA2 and IB1 cervical cancer, who underwent conservative fertility-sparing surgery of cone biopsy or SVT with either sentinel lymph node biopsy (SLNB) or pelvic lymphadenectomy (PLND), from 2002 to 2018 were included. Data was reviewed retrospectively.

Results 28 patients were included; 14 underwent cone biopsy and 14 underwent SVT. All cases underwent nodal assessment by SLN ($n=10$, 35.7%) or PLND ($n=18$, 64.3%). Median age was 31.5. 82.1%(23/28) were nulliparous. By the FIGO 2009 staging criteria, stage was IA1, IA2 and IB1 in 2(7.1%), 4 (14.3%) and 22(78.6%) cases, respectively. Reclassifying by the FIGO 2018 staging criteria, stage distribution of cases was 12

(42.9%), 7(25.0%), 7(25.0%) and 2(7.1%) for IA1, IA2, IB1 and IB2, respectively. 11 had adenocarcinoma, 10 had squamous cell carcinoma, 7 were of other histologic subtypes. 6 (21.4%) had positive LVSI. 3(10.7%) were found to have nodal metastasis on histology. 4(14.3%) patients underwent adjuvant chemoradiation. Median follow-up duration was 66.5 months. Disease recurred in 1(3.6%) patient. 5-year disease-free survival was 96.4%. Of the 21 patients who were eligible and attempted to conceive post-treatment, there were 21 pregnancies and 10 livebirths.

Conclusion Conservative surgery of cone biopsy or SVT with nodal assessment is a valid fertility-preserving treatment option in carefully selected cases.

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TIME INTERVALS FROM THE FIRST SYMPTOM TO SURGERY OF OVARIAN MALIGNANCIES IN A TERTIARY HOSPITAL

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This cross-sectional study aimed to determine the time intervals from the first symptom to surgery of 37 patients with ovarian malignancies who underwent surgery at a tertiary government hospital from June to October 2019.

Structured interviews and chart reviews identified the intervals and the reasons behind such. The data were analyzed using Stata/SE 14.1, with the time intervals presented as medians and the reasons as frequencies. Multinomial logistic regression analysis established the association of time intervals with the extent of surgery and final stage of ovarian malignancies.

The Total Time Interval from the first symptom to surgery was 214 days. The longest delay was the Total System Interval (70 days), followed by the Patient Interval (64 days) and the Initial Physician Interval (29 days). Most common reasons for the delays were the patients not acknowledging the gravity of their condition for the Patient Interval; choice to go to other