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.

IGCS20_1073

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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.

IGCS20_1074

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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

hospitals, distance and laboratory works or diagnostics for the Initial Physician Interval; waiting for laboratory work-ups for the First System Interval; and waiting for other departments' clearance for the Second System Interval. Length of time intervals was not found to be significantly associated with extent of surgery and final stage.

IGCS20_1080

109 CORRELATION OF HPV GENOTYPING, P16 AND HPV IMMUNOHISTOCHEMISTRY WITH CLINICOPATHOLOGICAL FEATURES IN VULVAL SQUAMOUS CELL CARCINOMAS

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Introduction Human papilloma virus (HPV) associated vulval squamous cell carcinoma (VSCC) has better prognosis than HPV-independent VSCC. Ancillary tests are necessary as morphology alone is unreliable in differentiating these.

Methods We analysed 18 VSCC cases by comparing their morphology with three ancillary tests performed to identify the HPV status.

Results Basaloid/warty type VSCC considered to be HPV-associated; accounted for 6/18 cases (33.3%). Of these, 5 cases (83.3%) showed block p16 positivity and 3 cases (50%) had a positive HPV genotyping result.

Keratinising VSCC considered to be HPV-independent; accounted for 11/18 cases (61.1%). Amongst these, 3 cases (27.3%) showed block p16 positivity and 2 cases (18.2%) had positive HPV genotyping results. In one case, the VSCC was too small to assess the morphology.

Usual type VIN considered to be HPV-associated, was seen in 11/18 cases (61.1%). Of these, 8 cases (72.7%) showed block p16 positivity and 6 cases (54.5%) had a positive HPV genotyping result.

Differentiated VIN considered to be HPV-independent, was seen in 4/18 cases (22.2%). Amongst these, 0 cases (0%) showed block p16 positivity and 0 cases (0%) had a positive HPV genotyping result.

HPV genotyping detected high risk HPV in 6/18 cases (33.3%) and all these cases showed block p16 positivity.

In 3/9 cases (33.3%), with block p16 positivity, genotyping did not reveal any HPV.

HPV immunohistochemistry was negative in all cases.

Conclusion Our study illustrates that in the absence of a gold standard test for HPV, p16 immunohistochemistry and HPV genotyping are complimentary ancillary tests in VSCC.

IGCS20_1081

110 A NEW INSIGHT INTO RESOLVIN E3 AS THE ITRACONAZOLE INDUCED ANTICANCER EFFECT ON CERVICAL CANCER

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We have been studying drug repositioning of itraconazole for an anticancer drug. Previously, we reported clinical trials of patients with various types of cancer, and a window opportunity trial is ongoing (jRCTs051190006). Using uterine cancer cells, itraconazole inhibited cancer growth by downregulation of signal transduction (Akt/mTOR, hedgehog, Wnt/ β -catenin). In this report, we investigated the bioactive lipid mediators (LMs) associated with itraconazole induced anti-cancer effect.

Methods CaSki cervical cancer cells before and after exposure to itraconazole were scraped and stored at -30 °C. LC-MS/MS-based metabololipidomics were performed. Deuterated internal standards representing each chromatographic region of identified lipid mediators were added to samples to facilitate quantification. The samples were extracted by automated SPE system on C18 columns and were then subjected to LC-MS/MS analysis with a Qtrap 6500 (Sciex) connected with a Shimadzu LC-30AD HPLC system. Biochemical pathway for LMs which increased more than 2 fold or decreased less than a half either at 30 min and 60 min after incubation with 10^{-6} M itraconazole were subjected to the cell growth inhibitory experiments using WST assay.

Results Among downstream metabolites of eicosapentaenoic acid, resolvin E3 and resolvin E2 increased over 2 fold at 30 min and at 60 min, respectively. Coculture with 10M ML351, 12/15-LOX inhibitor responsible for the metabolism from 18-HEPE to resolvin E3, did not effect on the growth of CaSki cells. Coculture with 10M ML351 and 10^{-6} M itraconazole attenuated the growth inhibitory effect of itraconazole (figure 1).

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