with Papilocare® (or extending it up to 12-months if needed) in 3 out of 4 patients. These findings need to be confirmed upon study completion.

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EFFICACY OF A MULTI-INGREDIENT CORIOLUS VERSICOLOR-BASED VAGINAL GEL IN HIGH-RISK HPV+ PATIENTS: RESULTS OF DIFFERENT STUDIES

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Introduction/Background To evaluate the consistency of the efficacy of a non-hormonal multi-ingredient Coriolus versicolor-based vaginal gel, Papilocare®, on HPV clearance in patients infected by high-risk HPV (HR-HPV) in several studies.

Methodology Results at 6 months from independent observational non-comparative studies carried out in three different public centers and in a one private center were compared to results from both a randomized, open, parallel and controlled clinical trial comparing the Papilocare® vs wait and see approach (The Paloma RCT) and a observational, multicenter, prospective, one-cohort study (Papilobs real-life study). Two prospective (Vigo and Bari studies) and two retrospective studies (Coruña and Hospitalet studies) have been performed.

Vigo study: HPV clearance of 25 patients infected by HPV 16 and/or 18 was evaluated as a secondary endpoint.

Bari study: HPV clearance of 98 HR-HPV patients was evaluated as primary endpoint.

Coruña study: 57 medical records of patients with HR-HPV were analyzed. HPV clearance was evaluated as primary endpoint.

Hospitalet study: Data of 91 HR-HPV patients were evaluated. Primary endpoint: composite efficacy variable (percentage of patients with normal cytology and/or HPV clearance).

Papilobs study: Interim data of 148 HR-HPV patients is presented. HR-HPV clearance was evaluated as secondary endpoint.

Paloma RCT: 66 HR-HPV patients were evaluated. Percentage of patients with HR-HPV clearance was assessed as a secondary endpoint.

Results After the 6-month treatment period, 48% and 57% of patients cleared HPV 16–18 and HR-HPV in Vigo and Bari studies, respectively. A reduction of 58% was observed in number of HR-HPV patients (Coruña) and 72.5% of patients negativized cytology and/or cleared HR-HPV (Hospitalet) ($p \leq 0.0001$ vs baseline for all results, Chi-square). In the Paloma RCT, HR-HPV clearance was observed in 63% of patients treated with Papilocare® vs 40% in the control group. Similar rate of 59% HR-HPV clearance was observed in the interim analysis of the Papilobs study.

Conclusion Papilocare® has shown significant and consistent rates of HR-HPV clearance ranging from 50% to 70% in the 6 different studies. This high consistently rate of HR-

HPV clearance should be further confirmed in ongoing studies.

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RATIONALE AND EVIDENCE FOR EMERGING ANTIBODY-DRUG CONJUGATES IN GYNECOLOGICAL CANCERS: EFFECT OF ONLINE EDUCATION ON CLINICIAN KNOWLEDGE

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Introduction/Background A number of targeted antibody drug conjugates (ADCs) are emerging with the potential to become important new treatment strategies for gynecological cancers, including recurrent/resistant ovarian and cervical cancers. This study determined whether online continuing medical education could improve the knowledge of oncologists and obstetricians/gynaecologists (obs/gyns) on the rationale and evidence for emerging ADCs.

Methodology A 30-minute online video lecture was launched for physicians outside the USA in December 2019. Data was collected to March 2020. Educational effect assessed with repeated-pairs pre-/post-activity, where individual participants served as their own control. 3 multiple-choice, knowledge questions and 1 self-efficacy, 5-point Likert scale confidence question were analyzed. Chi-squared test assessed pre- to post-activity change (5% significance level, $P < .05$). Magnitude of change in total number of correct responses overall, and for each question, were determined with Cramer's V ($< .06$ =Modest, 0.06 – 0.15 =Noticeable, $.16$ – $.26$ =Considerable, $> .26$ =Extensive).

Results 49 oncologists and 154 obs/gyns completed pre- and post-activity questions. A positive educational effect was observed for oncologists (considerable effect, $V = .217$, $P = .0002$) and obs/gyns (noticeable effect, $V = .097$, $p = .0028$) with average% of correct responses increasing 40 to 62% for oncologists and 34 to 43%, for obs/gyns. Participants with 3/3 answers correct increased from pre- to post-activity (6 to 35% for oncologists and 6 to 12%, for obs/gyns). Improvements in % of correct responses post-activity were seen for all 3 knowledge-based questions on antigen targets, and key trial data for tisotumab vedotin and mirvetuximab vedotin (88%, 39%, 45% improvements for oncologists; 70%, 15%, 16% improvements for obs/gyns). Confidence in knowledge of ADCs also improved post-activity with a total average confidence shift of 38% for oncologists and 32% for obs/gyn. 62% of oncologists' and 44% of obs/gyns' responses were reinforced or improved post-activity. 34% of all participants stated they would modify treatment plans as a result of participation in the activity.

Conclusion This on-demand, online video lecture resulted in a positive education effect for both oncologists and obs/gyns. However, persistent knowledge gaps are evident, especially amongst obs/gyns, suggesting there is a need for additional education as data on ADCs continues to emerge. Online medical education is valuable in establishing improved knowledge