

EPV248/#405

A THEMATIC ANALYSIS OF KNOWLEDGE AND MISINFORMATION AMONG CERVICAL CANCER RADIOTHERAPY PATIENTS AT A TERTIARY HOSPITAL IN SOUTH AFRICA

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Objectives The high prevalence and burden of cervical cancer in developing countries has spurred on much research into preventing and screening for the disease. However, little research has focussed on the experience of living with the disease and undergoing treatment for it in South Africa. In this study we aim to report on the knowledge, misinformation, stigma and disclosure hesitancy among women receiving curative treatment for cervical cancer at a tertiary hospital in South Africa

Methods Inclusion criteria included being between the ages of 18 and 50 years and having undergone curative treatment for invasive cervical cancer, which resolved no more than 18 months prior to interviewing them. We conducted semi-structured interviews. Interviews were audio-recorded, transcribed, and analysed using thematic analysis.

Results Fifteen women between the ages of 28 to 49 years old participated in the study. We describe these 15 participants' knowledge and understanding of cervical cancer, their experience of misinformation and stigma and a hesitancy to disclose their illness to others. Participants reported that they knew very little about cervical cancer, its causes, symptoms, diagnosis, and treatment. Women reported that they encountered misinformation and that in some cases this led to delays in diagnosis. One prominent negative perception that they encountered was the association of cervical cancer with promiscuity. Overall, participants seemed hesitant to disclose their diagnosis with others.

Conclusions We highlight the central role that communication can play in increasing knowledge, reducing stigma and misinformation, and facilitating disclosure among women with cervical cancer. We include recommendations for healthcare practitioners and researchers.

EPV249/#482

RACIAL DISPARITIES IN THE COMPLETION OF THE HPV VACCINATION SERIES IN WOMEN IN THE UNITED STATES – A 9-YEAR STUDY

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Objectives To identify disparities and trends in HPV vaccination status and trends across races.

Methods HPV vaccination rates were evaluated using the Behavioral Risk Factor Surveillance System (BRFSS). Joinpoint regression program 4.8.0.1 was used to calculate the trend (average annual percent change, AAPC).

Results In all patients, there was an increase in 3-dose vaccination from 2008 to 2016 (3.6% annual percent change (APC), $p=0.042$). There was also an increase in APC of 19.4% between 2008 and 2010 ($p=0.046$). When examining only those between 18–24 years of age, there was an APC of 26% ($p=0.037$). From 2010 to 2016, there was no significant APC in all age groups assessed. In 2008, 27.78% of Blacks, 25% of Hispanics, 48.78% of Whites, and 42.86% of Asians had received 3 vaccine doses. In 18 to 24 year old Black patients, there was an APC of 77.3% from 2008 to 2010 ($p=0.027$), followed by a -7.4% APC ($p=0.053$) from 2010 to 2016. Hispanic patients also showed a significant increase in vaccine completion; a 43.9% APC took place from 2008 to 2010 ($p=0.040$) among 18–24-year-old patients, and a 39.7% in APC took place in the total Hispanic population ($p=0.033$).

Conclusions The majority of the increase in 3-dose vaccination that took place across all races from 2008 to 2016 took place in the first 3 years of that time period. Black and Hispanic patients were least likely to have 3 doses of the HPV vaccine in 2008, but experienced the greatest increases in rates of vaccine completion between 2008 and 2010.

EPV250/#600

ASSOCIATIONS OF HEALTHCARE AFFORDABILITY WITH GUIDELINE-ADHERENT SURGERY AMONG WHITE, BLACK, AND HISPANIC OVARIAN CANCER PATIENTS: A U.S NATIONAL CANCER DATABASE ANALYSIS

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Objectives Black and Hispanic ovarian cancer (OC) patients are less likely to receive guideline-adherent and timely cancer care. We aimed to evaluate the associations between healthcare affordability (HA) and receipt of high-quality surgery and time to surgery among OC patients by race.

Methods Data from the 2016 NCDB on Non-Hispanic White (NHW), Non-Hispanic Black (NHB), and Hispanic OC patients diagnosed in 2004–2016 was analyzed. Measures of HA included area-level income and insurance status. Multinomial logistic regression was used to estimate the odds of receiving high-quality surgery compared with low-quality or no surgery. Multivariable linear regression was used to analyze differences in time, in days, from diagnosis to surgery.

Results The cohort included 113,702 patients: 86% NHW, 8% NHB and 6% Hispanic. Compared to private insurance, uninsured and Medicaid patients were more likely to receive no surgery (uninsured: aOR 2.55; 95% CI 2.28–2.85 and Medicaid: aOR 2.05; 95% CI 1.86–2.26). Lower income patients were more likely to receive low-quality surgery (aOR 1.20; 95% CI 1.13–1.27) or no surgery (aOR 1.42; 95% CI 1.31–1.53) relative to higher income patients. These associations were strongest among uninsured Hispanic and lowest income NHB patients. Relative to private insurance, Medicaid patients were more likely to have longer time to surgery (b 6.09; 95% CI 4.17–8.02). This association was strongest among NHB and Hispanic Medicaid patients.

Conclusions Low healthcare affordability is associated with lack of high-quality and timely surgery especially among NHB and Hispanic patients, indicating the need for interventions promoting equitable access to guideline-adherent care for all OC patients.

EPV251/#612

ASSOCIATIONS OF HEALTHCARE AFFORDABILITY WITH UTILIZATION OF SUPPORTIVE CARE MEDICATION AMONG WHITE, BLACK, AND HISPANIC OVARIAN CANCER PATIENTS

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Objectives Black cancer survivors report higher rates of depression, pain, and fatigue compared to other races/ethnicities. We sought to evaluate the association between healthcare affordability (HA) and supportive care (SC) medication utilization among ovarian cancer (OC) patients by race.

Methods Data for Non-Hispanic White (NHW), Non-Hispanic Black (NHB), and Hispanic OC patients diagnosed in 2008–2015 in the SEER-Medicare database was analyzed. Factor analysis was used to determine a composite score for HA. SC medication utilization included receipt of antidepressants, psychostimulants, and analgesics. Multivariable log-binomial regression was used to evaluate associations between race/ethnicity, affordability, and SC medication use in the 6 months following OC diagnosis with adjustment for patient clinical characteristics. Sub-group analyses were performed evaluating these associations among late-stage (stage III-IV) patients.

Results The cohort included 3,697 patients: 86% NHW, 6% NHB, and 8% Hispanic. In adjusted models, patients with lower affordability scores were less likely to receive antidepressants compared to those with higher affordability scores (all stage: aOR 0.84; 95% CI 0.73–0.96 and late-stage: aOR 0.85; 95% CI 0.72–0.99). Additionally, NHB were less likely to receive antidepressants compared to NHW patients (all stage: aOR 0.46; 95% CI 0.33–0.63 and late-stage: aOR 0.36; 95% CI 0.24–0.56). There was no association between affordability and psychostimulant or analgesic utilization.

Conclusions Low healthcare affordability is associated with lower utilization of antidepressants among OC patients, and NHB patients are less likely to receive antidepressants. This indicates the need for interventions targeting more affordable and equitable access to these supportive care medications.

EPV252/#67

SENTINEL NODE MAPPING IN ENDOMETRIAL CANCER USING HYSTEROSCOPIC INJECTION OF INDOCYANINE GREEN AND NEAR-INFRARED FLUORESCENCE IMAGING

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Objectives To report on the performance of hysteroscopic injection of indocyanine green (ICG) for sentinel lymph node mapping (SNM) in endometrial cancer

Methods This is a retrospective cohort study of consecutive endometrial cancer patients who had SNM via hysteroscopic injection of ICG between 2013 and 2017. Detection rate, accuracy, and oncologic outcomes were evaluated

Results Charts of 52 patients were evaluated. At least one sentinel node was detected in 95% of patients. Bilateral pelvic mapping was found in 74% of cases. In 45% of cases, SLNs mapped in both pelvic and para-aortic nodes, and four cases (8%) in the para-aortic area, only. In three patients (6%) sentinel nodes were found in aberrant (parametrial/presacral) areas. Seven (13.5%) patients were diagnosed with nodal involvement. Low volume disease was observed in four (8%) patients (2 with isolated tumor cells and 2 with micrometastasis). After a median (range) follow-up of 34.7 (10, 61) months, five (9.6%) patients developed recurrences: two abdominal/distant, one vaginal, and one nodal (in the para-aortic area in a patient diagnosed with endometrioid G1 endometrial cancer and isolated tumor cells in a pelvic node). No patient died of disease.

Conclusions Hysteroscopic injection of ICG ensures delineation of lymphatic drainage from the tumor area, thus achieving accurate detection of sentinel nodes. Further evidence is warranted to assess the role of hysteroscopic injection in identifying extrapelvic sentinel nodes.

EPV253/#125

TWO CASES OF OBTURATOR NERVE COMPLETE TRANSECTION DURING LAPAROSCOPIC PELVIC LYMPH NODE DISSECTION FOR ENDOMETRIAL CANCER

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Objectives For early-stage endometrial cancer, laparoscopic surgery is well established in many countries. In Japan, the procedure is covered by insurance from 2014. Since then, laparoscopic surgeries for gynecological cancers have been performed by not only gynecologic oncologists but also laparoscopic qualified gynecologists. To review the safety of our cases, this IRB-approved study was performed.

Methods Operative cases of endometrial cancer were reviewed retrospectively.

Results Out of 94 stage I endometrial cancer cases who underwent laparoscopic surgery, total laparoscopic modified radical hysterectomy + laparoscopic pelvic lymphadenectomy was performed for 22 patients. Median operative duration was 238 minutes, and median blood loss was 100mL. We experienced two cases of obturator nerve complete transection. Both of the surgeons were laparoscopic board certified. In both cases, right obturator nerve was cut near to the branch of internal iliac vein. Surgical video can be revisited for one patient. The nerve covered with lymphatic tissue was dragged out medially under the internal iliac branch, and cut