

Conclusions HPS across schools demonstrated gaps in knowledge surrounding both HPV and the HPV vaccine. Specifically students knew HPV causes cervical cancer; however, major knowledge gaps persist in the prevention of HPV infection. These areas represent high-yield opportunities for improvement within HPS education to ensure dissemination of knowledge regarding cancer prevention.

EPV093/#95

CLINICAL CHARACTERISTICS, TREATMENT RESPONSE AND PROGNOSIS OF LOCALLY ADVANCED ADENOCARCINOMA OF THE CERVIX, A LOCAL STUDY

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Objectives The objective of this study is to determine the clinical characteristics, treatment response and prognosis of locally advanced adenocarcinoma of the cervix who underwent concurrent chemoradiotherapy with weekly Cisplatin or Carboplatin in comparison to squamous cell carcinoma.

Methods Outpatient charts of the cervical cancer patients from the outpatient department of Section of Gynecologic Oncology of a tertiary hospital were retrospectively reviewed.

Results Among the 979 charts reviewed, only 278 patients were included in the analysis. Seventy-five percent of the patients had squamous cell carcinoma and only 20% had adenocarcinoma. Baseline characteristics were comparable. Ninety-eight percent had Cisplatin-based concurrent chemoradiotherapy. Median follow up was 17 months, with 75% of the patients had complete response and 16% had recurrent disease. Most common site of recurrence was cervix, lungs and bones. Disease free survival and overall survival was the same for adenocarcinoma and squamous cell carcinoma.

Conclusions Patients with locally advanced adenocarcinoma of the cervix who underwent concurrent chemoradiation had the same treatment response and prognosis to patients with squamous cell carcinoma.

EPV093a/#176

A MACHINE LEARNING APPROACH APPLIED TO GYNECOLOGICAL ULTRASOUND TO PREDICT PROGRESSION-FREE SURVIVAL IN OVARIAN CANCER PATIENTS

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Objectives Ultrasound(US) is a cheap, non-invasive and well-recognized image modality for diagnosing and assessing ovarian cancer(OC). However, approximately 18% to 31% of adnexal lesions detected on US remain indeterminate. Machine learning(ML) is a promising tool for the implementation of complex multi-parametric algorithms. Despite the standardization of features capable of supporting the discrimination of ovarian masses into benign and malignant, there is the lack of

accurate predictive modeling based on US examination for progression-free survival (PFS).

Methods In this retrospective observational study, we analyzed patients with epithelial ovarian cancer(EOC) who were followed in a tertiary center from 2018 to 2019. Demographic, clinical and laboratory characteristics were collected as well as information about post-surgery histopathology. Furthermore, we recorded data about US examinations according to International Ovarian Tumor Analysis(IOTA) classification. Proper feature selection was used to determine an attribute core set. Random Forest(RFF) algorithm was trained and validated with 10-fold cross-validation to predict 12-month PFS. The accuracy of the algorithm was than assessed scoring accuracy and Area Under Receiver Operating Characteristic(AUROC).

Results Our analysis included n.32OC patients with mean age of 54.1±14.9 years at diagnosis. Histotypes were n.19/32 (59.4%) serous carcinoma, n.5/32(15.6%) mucinous, n.5/32 (15.6%) endometrioid and n.3/32(9.4%) clear cell. All patients underwent radical surgery. The attribute core set used to train machine learning algorithms is reported in figure 1. RFF showed an accuracy of 0.81, AUROC 0.91.

Conclusions We developed an accurate model to predict 12-month PFS in patients with OC based on a ML algorithm applied to gynecological ultrasound evaluation, requiring few easy-to-collect attributes.

EPV093b/#769

PARADIGM SHIFT TO SENTINEL LYMPH NODE BIOPSY IN ENDOMETRIAL CANCER SURGERY: RECENT U.S. TRENDS

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Objectives This study examined the population-level uptakes and outcomes of sentinel lymph node (SLN) biopsy for early endometrial cancer.

Methods This retrospective observational study queried the Surveillance, Epidemiology, and End Results Program, examining 83,139 women with endometrial cancer who underwent primary hysterectomy with lymph node evaluation for T1 disease from 2003–2018. Main outcome measures were (i) temporal trends and patient characteristics in utilization of SLN biopsy, and (ii) endometrial cancer-specific mortality associated with SLN biopsy.

Results The utilization of SLN biopsy increased significantly from 0.2% to 29.7% from 2005–2018 with robust increase after 2016 (P<0.001; top-panel). The uptake of SLN biopsy was higher for endometrioid histology (0.3% to 31.6% between 2005–2018) versus non-endometrioid histology (0.6% to 21.0% between 2006–2018)(both, P<0.001). In a multi-variable analysis, recent year surgery, endometrioid histology, well-differentiated tumors, T1a disease, and smaller tumor size remained independent characteristics for SLN biopsy use (all, P<0.05). Performance of SLN biopsy was not associated with increased endometrial cancer-specific mortality compared to lymphadenectomy in endometrioid histology (subdistribution-