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GENDER-RELATED DIFFERENCES IN CAREER DEVELOPMENT AMONG GYNECOLOGIC ONCOLOGY SURGEONS IN EUROPE. EUROPEAN NETWORK OF YOUNG GYNECOLOGIC ONCOLOGISTS' SURVEY BASED DATA

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Introduction/Background Gender-related differences in career development are well-known issues in various professions. An international survey on gender-related differences was performed among young gynecologic oncologic surgeons in Europe to identify potential gender inequalities in career development.

Methodology A survey on demographics, clinical and academic working environment, family/parenting, career development, salary and leadership was sent to all members of the European Network of Young Gynecologic Oncologists. Gynecologic oncology surgeons and obstetricians/gynecologists who actively work in this field in Europe were included in the study.

Results Responses were analyzed from 192 gynecologic oncology surgeons of whom 125 (65.1%) were female (median age 37, IQR: 34–42) and 67 (34.9%) male (median age 38, IQR: 36–41). Men reported to perform median 15 and women median 10 operations monthly ($p = .007$). Among women, 24.8% had a leadership position vs. 44.8% among men (crude OR = 2.46, 95% CI 1.31–4.62, $p < .01$). When stratifying for age under 41 and having children, 36.7% men and 5.6% women had a leadership position (adjusted OR 10.8, 95% CI 3.28–35.64, $p < .001$). Significantly higher proportion of women than men believed they earned less than their gender counterparts at the same clinical position and with same qualifications (30.4% vs. 2.5%, $p < .001$). There wasn't a statistically significant difference between academic qualification (PhD degree and/or professorship) and gender ($p = .92$ and $p = .64$), accordingly. In the previous year, men published more peer-reviewed articles than women (median=3 vs. median=2; $p = .017$).

Conclusion Our comprehensive analysis revealed gender disparity in several aspects among the young generation of gynecologic oncology surgeons, especially pronounced in leadership positions. New initiatives from ENYGO/ESGO are warranted to better understand the attrition of women on the way from

training to leadership positions in gynecological oncology, to overcome the identified obstacles and to help elimination of the gender gaps.

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ANALYSIS OF THE GENDER DISTRIBUTION AMONG THE INVITED SPEAKERS AT EUROPEAN SOCIETY OF GYNAECOLOGICAL ONCOLOGY (ESGO) BIENNIAL CONGRESSES 2017, 2019, AND 2021

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Introduction/Background The representation of female leadership across different medical specialities does not reach parity. It is even more evident in surgical specialities like gynaecological oncology. The primary aim of this study was to analyse gender distribution of invited speakers during ESGO Congresses.

Methodology In this cross-sectional study, we analysed data from ESGO Congresses in 2017, 2019, and 2021. We identified gender of chairpersons & presenters (together they represent the invited congress faculty) according to the given full name in the congress program. We used Google search when we could not identify gender according to the given name. We analysed the database on gender of chairpersons, presenters, and female-to-male ratios in sessions. We excluded 'glass with an expert' talks and ceremonial sessions, such as opening and closing ceremonies. As a subgroup, we investigated gender distribution in sessions of the European Network of Young Gynaecologic Oncologists (ENYGO).

Results In the pooled analysis of all 3 congresses, we identified a total of 516 chairpersons/speakers with a female to male ratio of 0.66. In 2017 female faculty contribution was 30%, in 2019 41% and in 2021 31%. In the pooled analysis, scientific programme committees consisted of 65% male and 35% members. The female contribution to scientific programme committee was stable among the 3 analysed congresses. In 2017 and 2021 the scientific programme committee was chaired by a man, respectively, in 2019 by a female. In all 3 congresses there was a substantially higher number of pure male sessions (chairs & presenters are male only) than pure female sessions. The number of pure male sessions decreased over time in the 3 analysed congresses.

Conclusion ESGO has implemented the general rule of gender-balance into ESGO congress Standard Operating Procedures (SOPs) in 2020, in addition to country balance and interdisciplinary approach. Based on our analysis, ESGO congresses have an acknowledgeable-level of gender balance. A more

comprehensive analysis with more details will be provide at the ESGOcongress in Berlin.

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SLOVENIAN EXPERIENCE WITH PEMBROLIZUMAB IN PATIENTS WITH METASTATIC ENDOMETRIAL AND CERVICAL CANCER

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Introduction/Background We report the efficacy and toxicity of pembrolizumab in Slovenian patients with endometrial or cervical cancer.

Methodology We included patients treated at our Institute from 2018 to February 2022. Indications for pembrolizumab were according to Keynote-158 and Keynote-775 studies. Treatment was until progression or unacceptable toxicity. According to the clinician's decision, it was also feasible to stop pembrolizumab after 2 years, if the patient was in CR. Also, if patients didn't have any major side effects while receiving 3 weekly applications, it was allowed to switch to 6 weekly.

Results We included 26 patients. 11 patients had endometrial cancer and remaining 15 cervical. The median age was 57 years. The first group received between 4 to 31 applications of pembrolizumab, and the second group between 1 to 33 applications. 11 patients are still receiving therapy (7 endometrial, 4 cervical). 4 patients achieved CR, 4 achieved PR, 6 had PD, 4 had rapidly PD after 1–2 applications, 4 had SD, and in 4 patients it was too early to evaluate. The median time to OR was 4 months. The median follow-up was 10 months and at that point, 34% had OR. In the endometrial cancer group, with the exclusion of one patient, all tumors in primary histologies were MMR deficient. In the cervical cancer group CPS scores varied between 2% and 100%. Both groups received prior 0–2 therapies before immunotherapy. Side effects were: hyperthyroidism (3), hypothyroidism (3), dermatitis (1), blepharconjunctivitis (1), colitis grade 3 (1), nephritis grade 3 (1) that relapsed with grade 4, glaucoma grade 4 (1).

Conclusion Results correlate with the Keynote-158 study where 1/3 achieved OR, one patient is still receiving pembrolizumab for over 2 years without major side effects in CR, and 2 remaining on immunotherapy beyond 2 years are in PR.

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RETROSPECTIVE ANALYSIS OF PATIENTS WITH ENDOMETRIAL STROMAL SARCOMA IN A TERTIARY HOSPITAL

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Introduction/Background Endometrial stromal sarcoma (ESS) is a rare uterine tumor and the second most frequent type of uterine mesenchymal neoplasia after uterine leiomyosarcoma. The objective of this study is to determine the clinical features associated with different types of ESS.

Methodology Retrospective observational study of patients diagnosed with LMS in the Gregorio Marañón Hospital (1985 – 2021).

Abstract 2022-RA-869-ESGO Table 1 Analysis

TABLE 1. ANALYSIS	Overall	ESS low grade	ESS high grade	USS
n	33	7	23	3
Age (years +/- SD)	58,0 +/- 16,0	50,0 +/- 12,3	59,8 +/- 15,1	63,3 +/- 28,6
Postmenopausal status (%)	60,6	28,6	69,5	66,6
Early tumor stage % (n=1)	60,6	85,7	45,4	100
Clinic at diagnosis (%)				
Vaginal bleeding	57,6	28,6	65,2	66,6
Rapid growth of a fibroid	9,1	14,3	4,3	0
Pelvic mass	6,1	0	13	0
Incidental finding	27,3	57,1	17,4	33,3
Surgical treatment (%)	85,3	85,7	82,6	100
Laparotomy	86,2	100	89,4	33,3
Hysterectomy + double adnexectomy	75,8	85,7	73,6	100
Simple hysterectomy	17,2	0	15,8	0
Cytoreduction	6,9	0	10,5	0
Pelvic lymphadenectomy	24,1	16,6	31,6	0
Complete resection (R0)	79,3	100	68,4	100
Adjuvant treatment (%)	44,8	66,6	42,1	33,3
Chemotherapy	14,7	0	50	0
Radiotherapy	26,5	100	37,5	100
Chemotherapy + Radiotherapy	3,6	0	12,5	0
Recurrence (%)	37,1	0	63,1	33,3
Metastatic recurrence	29,4	0	75	100
Status last review				
Disease free	35,3	85,7	13,6	66,6
Disseminated disease	8,8	0	13,6	0
Deceased	52,9	14,3	72,7	33,3
Overall survival (months +/- SD)	190,9 +/- 38,0	269,8 +/- 40,2	131,7 +/- 40,9	127,2 +/- 48,9

Results Table 1 shows results. Low-grade ESS are more frequent in premenopausal women (71,4%). They are usually diagnosed in early stages (85,7%). The most frequent clinical form of presentation is vaginal bleeding, a fact that we did not observe in our analysis, where incidentally diagnosis after a surgery for presumed benign uterine leiomyoma is the most frequent form of presentation. It is usually a tumor with an indolent course but tends to recur, even many years after diagnosis. However, in our analysis we did not find any recurrence, probably due to a small sample size. High-grade ESS are worse prognosis tumors. Usually diagnosis as advanced stages (54,6%), they tend to present as vaginal bleeding (65,2%). High recurrence rates (63,1%), usually as metastatic disease (75% of them), promote high mortality rate (72,7%). USS is a rare tumor typical of postmenopausal women (66,6%). It is a very aggressive tumor that carries a poor prognosis. Usually diagnosed in advanced stages but our sample does not corroborate (n=3, 3 early stages). Initial management requires surgical treatment as long as the tumor is resectable (85,3%). The systematic performance of pelvic and para-aortic lymphadenectomy is controversial since it has not been shown to increase survival.

Conclusion ESS are rare, heterogeneous tumors and the available evidence on their management is poor. The subtype is known as an influent feature in prognosis. A higher disease-free survival was observed in low-grade SSE (85,7%) and a higher mortality in high-grade SSE (72,7%).