DEVELOPING INFRASTRUCTURE FOR MOLECULAR PROFILING IN OVARIAN CANCER (DEMO)

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OBJECTIVES

- Analyzing the baseline quality of life as a predictive factor for the occurrence of early death in older patients with breast cancer or gynecological tumors.
- Methods PROSPECTIVE COHORT STUDY was carried out in women aged ≥ 60 years, diagnosed with BC or GC, admitted to the oncology service between 2015 and 2020. Sociodemographic description of the older patient cases included; Determine baseline QoL (at diagnosis) using the EORTC QLQ C30; To compare the mean quality of life scores between patients who died or not within a six-month period.
- Results Of the 405 patients, with a medium age of 71.64 years (± 7.84), 89 (22.0%) died. In the evaluation of the quality of life related to health evaluated by the EORTC QLQ-C30, the main predictive factors for death on the functional scales were emotional (62.73 ± 32.83) and physical (64.11 ± 28.77) capacities. As for symptoms, it was financial difficulties (48.81 ± 42.67) and loss of appetite (34.08 ± 37.93). The global quality of life scale had an average of 67.97 ± 28.25 among those who died.
- Conclusions Quality of life related to health evaluated by the EORTC QLQ-C30 can be used as a predictor of death, as it was observed that worse physical and emotional function and the presence of symptoms such as financial difficulties and loss of appetite influence the overall survival of older patients with female cancer, and greater efforts should be made to improve these domains and better their quality of life, reducing mortality.

QUALITY OF LIFE AS A PREDICTIVE FACTOR OF EARLY DEATH IN OLDER BRAZILIAN WOMEN WITH FEMALE TUMORS A COHORT STUDY PERSPECTIVE

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OBJECTIVES

- Evaluating the quality of life in older patients with female tumor and the influence on their survival.
- Methods Descriptive, observational, cross-sectional study. 
- Results Data were collected from 100 patients with CC aged 20 to 80 years. The most common tumor type was breast (48.8%), followed by cervical (22.0%) and ovarian (19.6%). Regarding survival, it was observed that the quality of life in older patients with female tumors was significantly worse than that of younger patients. The most common reasons for death were disease progression (62.7%), followed by complications related to chemotherapy (22.0%). Regarding knowledge about the HPV vaccine, 78% claimed to have heard about it, while only 50% of those who did not vaccinate stated that they had heard about it. Regarding knowledge of the age group to be vaccinated, 57% knew the target audience to be immunized, and among those who did not, the majority (80%) were unaware of HPV vaccination for boys. 76% of the patients reported being vaccinated at 9-21 years of age. When asked about the vaccination status of these family members, 11% had not undergone immunization against HPV.
reason given for non-vaccination among family members was lack of information about the need.

Conclusions it is necessary to reinforce the importance of health education, especially in relation to the performance and frequency of preventive examinations, and also about immunization against Papillomavirus and the target audience for which it is intended.

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TEENAGE PREGNANCY AS A RISK FACTOR FOR NOT PERFORMING PRIMARY AND SECONDARY PREVENTION ACTIONS AGAINST CANCER IN WOMEN WITH CERVICAL CANCER

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**Abstract EP365/#1142 Figure 1**

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IMPLEMENTATION OF NOVEL, ALTERNATIVE AND AFFORDABLE OPTIONS FOR OVARIAN CANCER CARE THROUGHOUT THE ENTIRE JOURNEY: A KOLGO TRG APPROACH

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**Objects**

With a predicted 50% rise in incidence and mortality from ovarian cancer by 2040, health-inequality and access to recent paradigm changing treatment options in ovarian cancer care remain a significant challenge in low resource settings. Kolkata Gynecological Oncology Trials and Translational Research Group (KolGo Trg), the first GCIG group from India was formed in 2018 with a mission to address this cancer care gap through academic clinical studies/education/training.

**Methods**

A road map was developed for implementation of a series of sequential studies (OCRN): Optimal surgery/training, targeted/precision surgery in frontline setting (HIPEC-HR), low-cost predictive biomarkers (academic HRD test-HRDAIC), Nurse-led genetic counselling/awareness (NUGENA), low-cost treatment options for biochemical recurrence (HOTROC), affordable approaches to parpi therapy (IPROIC), parpi in arsenic endemic zones (BIODIVERSITY), QOL-studies (SOOCER-IND), health-economics and willingness to pay studies (HEPTROC), Translational studies (PROVAT), Health policy studies (ROCK- regional ovarian cancer centre, Kolkata), novel statistical designs (SMART-PARP and RCT- rationalising and reducing the cost of running randomised controlled trials in low resource settings), survivorship/patient-public-involvement (KOLGO-SURV/SARBOJAYA).

**Results**

We have successfully initiated and implemented all these studies; barriers and challenges are being measured through the REAIM framework for implementation research i.e., feasibility, accessibility, acceptability, cost effectiveness, scalability (table 1. www.kolgotr.org). Some of our studies are being considered for wider global participation through GCIG.

**Conclusions**

This systematic model for addressing novel and affordable indigenous solutions for each step of cancer care could be an exemplar for other cancer types in LMICs.

**Objects**

To analyze the teenage pregnancy as a risk factor for not performing primary and secondary prevention actions against cancer in women with cervical cancer.

**Methods**

Observational, cross-sectional study. Carried out in the oncology of IMIP, using an adapted form, carried out in period from November 2020 to August 2021Patients with a diagnosis of cervical cancer confirmed by histology, cytology or immunohistochemistry and who were 18 years of age or older at the time of inclusion in the study were included.

**Results**

100 cancer cervical patients, with mean age of 34 years (75% 30–40y), were enrolled. 42% of women who became pregnant in adolescence (PA group), in the group of women who became pregnant in adolescence (PA group), 88% said they never practiced physical activity versus 45% who became pregnant in adulthood or never became pregnant.(p < 0.001) Regarding the age of first sexual intercourse, 64% of women had their first intercourse between 15–18 years old, while 32% between 10–14 years old. PA group showed a significant(p < 001) reduction in pap test performance, use and knowledge about HPV vaccine and knowledge about cervical cancer and prevention measures available.

**Conclusions**

46% of women with cervical cancer became pregnant during adolescence. In this group, the performance of primary and secondary prevention measures with themselves and their children was significantly lower. A situation that perpetuates social inequities. PA group showed a significant reduction in pap test performance, HPV vaccine and knowledge about cervical cancer and prevention measures available.