Abstracts

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

Jurema Lima, Nathalia Ramalho, Candice Santos, Carolina Azevedo, Letícia Sales, Paula Marins Santos, Vandre Cardoso, Andrea Pontes de Souza, Caio Barros, Fernanda Araújo, Vanessa Lins, Maria Cecília de Souza, Rodrigo Pinto, Maria Julia de Mello, IMP/DOR, Oncology, RECIFE, Brazil; IMP/DOR, Gynecologic, RECIFE, Brazil; IMP/FFPS, Oncology, Recife, Brazil; IMP NEON, Oncology, Recife, Brazil; IMP, Surgical Oncology, Recife, Brazil; IMP/FFPS, Oncology, Recife, Brazil; IMP/DOR, Oncology, Recife, Brazil.

Abstract EP365/#1142 Table 1

Objectives

1. 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

The study used an observational, cross-sectional design. It was conducted from November 2020 to August 2021 in patients with a diagnosis of cervical cancer confirmed by histology, cytology, or immunohistochemistry. The study was approved by the Ethics Committee of the IMIP Research Institute. The sample was selected through simple random sampling. The data was analyzed using descriptive and inferential statistics.

Results

100 women were included in the study, with a mean age of 34 years (75% 30–40 years). 42% of women who became pregnant in adolescence (PA group), and 58% of women who became pregnant in adulthood or never became pregnant (non-PA group), were enrolled. Women in the PA group showed a significant (p < 0.001) 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. This situation perpetuates social inequities. PA group showed a significant reduction in pap test performance, HPV vaccine and knowledge about cervical cancer and prevention measures available.

Implementation of Novel, Alternative and Affordable Options for Ovarian Cancer Care Throughout the Entire Journey: A Kolgo Trg Approach

1,2,3Asima Mukhopadhyay1, Chittaranjan National Cancer Institute, Kolkata Gynecological Oncology Trials and Translational Research Group, Kolkata, India; 4James Cook University Hospital, Gynaecological Oncology, Middlesbrough, UK; 5,6James Cook University, Population Health Sciences Institute, Newcastle Upon Tyne, UK

Abstract EP365/#1142 Figure 1

Objectives

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 front line 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 (IPROC), parpi in arsenic endemic zones (BIODIVERSITY), QOL-studies (SOCQER-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-involve (KOLGO-SURV/SARBHOJAYA).

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.kolgotrg.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.

References

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