Abstracts

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

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

Objectives 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 Observacional, cross-sectional study. Carried out in the oncology of IMIP, using an adapted form, carried out in period from November 2020 to August 2021. Patients 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 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), 8% 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.

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

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KOLGO TRG APPROACH

Methods 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.

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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 frontline setting (HIPEC-HR), low- cost predictive biomarkers (academic HRD test-HRDAC), Nurse-led genetic counselling/awareness (NUGENA), low-cost treatment options for biochemical recurrence (HOTROC), affordable approaches to parpi therapy (PIROC, parpi in arsenic endemic zones (Biodiversity), QOL-studies (SOCQER-IND), health-economics and willingness to pay studies (HEPTRO), 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).

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