Conclusions Advanced stage at diagnosis was more prevalent in Arabs compared to Jewish women with cervical cancer, whereas stage-specific survival was similar. Possible attributing factors to the observed disparity, such as: health-care access, socioeconomic status, education, culture, molecular and genetic mechanisms, should be further investigated.

Objectives To evaluate racial differences in long-term survival of stage III ovarian cancer patients treated on clinical trials.

Methods Data on patients with optimally cytoreduced stage III ovarian cancer from three Gynecologic Oncology Group prospective clinical trials (GOG 114, 158, 172) were utilized. Chi-squared and multivariate Cox models were employed for analyses.

Results Of 1,432 patients, 94.1% were White (n=1,347) and 5.9% Black (n=85). Compared to Whites, Blacks were younger, (64.7% less than age 57 vs 47.7%, p=0.002) and had more mucinous (7.1% vs 1.9%) and endometrioid (12.9% vs 10.2%) histologies (p=0.011). There was no difference in extended long-term survival (>15 year) for Blacks vs. Whites with regard to progression free survival (10.6% vs. 15.1%, p=0.352) or overall survival (OS, 20.0% vs. 23.8%, p=0.245). On multivariate analysis, younger age (HR 0.82; 95% CI [0.73,0.93]; p=0.002), endometrioid histology (HR 0.69; 95% CI [0.56,0.86]; p=0.001), and grade I tumors (HR 0.64; 95% CI [0.51,0.80]; p<0.0001) were independent predictors of improved survival. However, race was not predictive of PFS (HR 1.11; 95% CI [0.87,1.40]; p=0.40) or OS (HR 1.17; 95% CI [0.91,1.50]; p=0.22) after adjusting for clinical factors.

Conclusions Black and White patients with optimally cytoreduced stage III ovarian cancer treated in clinical trials had comparable long-term survival. Younger age, endometrioid histology, and lower grade predicted improved survival outcomes.

Objectives Black patients with uterine cancer are less likely than White patients to be diagnosed with localized tumors. To inform reasons for such disparity, we compared the quality of diagnostic evaluation received by Black versus White patients with uterine cancer.

Methods Using 2008–2019 MarketScan Multi-State Medicaid Database, we identified 858 Black and 1,749 White patients with uterine cancer presenting with abnormal uterine bleeding (AUB). Quality of diagnostic evaluation was measured by delayed diagnosis (time between AUB reporting and uterine cancer diagnosis >1 year), not receiving guideline-recommended diagnostic procedures, and delayed time to first diagnostic procedure (time between AUB reporting and first diagnostic procedure >2 months). The association between race and the quality indicators was examined by logistic regressions adjusting for patient age, concurrent gynecologic conditions, comorbidities, and other characteristics.

Results Black patients were more likely than White patients to experience delayed diagnosis (11.3% versus 8.3%, p=0.01; adjusted OR, 1.71, 95% CI, 1.27–2.29) or to not receive guideline-recommended diagnostic procedures (10.1% versus 5.0%, p<0.001; adjusted OR, 1.94, 95% CI, 1.40–2.68). Even when they did receive recommended diagnostic procedures, Black patients were more likely than White patients to experience delay in time to first diagnostic procedure (10.9% versus 9.1%, p=0.16; adjusted OR, 1.46, 95% CI, 1.09–1.97). A lower proportion of Black than White patients underwent hysteroscopy (32.4% versus 39.6%, p<0.001) and transvaginal/pelvic ultrasound (61.8% vs. 73.3%, p<0.001).

Conclusions Black and White patients with uterine cancer differed in the quality of diagnostic evaluation received, which may be one plausible reason for their disparity in stage at diagnosis.

E-poster viewing: Surgical techniques and perioperative management

Objectives Major open surgery for gynaecological cancer usually extensive and induced severe postoperative surgical site pain (POSP). We investigated whether perioperative wound infiltration system along with general anaesthesia effectively decrease POSP compared with traditional general anaesthesia followed by opioid in gynaecologic oncology patient.

Methods This is prospective case control study includes 230 patients who underwent extensive pelvic surgery during gynaecologic cancer surgery. Study was conducted over one year (April 2016 to March 2017), where the wound infiltration