Abstracts

30/#756

THE PROGNOSTIC VALUE OF PRESENCE OF PELVIC AND/OR PARA-AORTIC LYMPH NODE METASTASES IN CERVICAL CANCER PATIENTS; INFLUENCE OF THE NEW FIGO CLASSIFICATION (STAGE IIIIC)

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10.1136/ijgc-2022-igcs.74

Objectives One of the major changes in the revised 2018 FIGO-staging system is the addition of stage IIIIC, which includes patients with pelvic and/or para-aortic lymph node metastases. Therefore, we evaluated the prognostic value of positive pelvic and/or para-aortic lymph nodes in patients with cervical cancer.

Methods A nationwide retrospective cohort study was performed by identifying all patients diagnosed with stage IB-IVA between 2005–2018 from the Netherlands Cancer Registry. Data was converted to the FIGO 2018 stage based on the TNM-classification. 5-year and overall survival rates (OS) were estimated with the Kaplan-Meier method.

Results Of the included 6,082 patients, 1,740 patients, had pelvic and/or para-aortic lymph node metastases. For patients with FIGO 2009 stage IB1-IIA1-IA1 with pelvic and/or para-aortic lymph node metastases 5-year survival is 77% and OS is 70%, without lymph node metastases survival rates are 92% and 87% (p<0.001). For FIGO 2009 stage IB2-IIA2-IB2, with pelvic and/or para-aortic lymph node metastases 5-year survival is 67% and OS is 62%, without lymph node metastases survival rates are 74% and 65% (p=0.009). FIGO 2009 stage IIIA-IIIB and IVA survival rates are not significantly influenced by pelvic and/or para-aortic lymph node metastases (p=0.640, p=0.939). Patients with FIGO 2018 stage IIIIC have a 5-year survival of 65% and OS of 59%.

Conclusions Patients with FIGO 2009 stage IB1-IIA1-IA1-IB2-IIA2-IB2 cervical cancer with positive pelvic and/or para-aortic lymph node metastases have a significant impaired survival compared to patients without metastases. Survival rates of patients with FIGO 2009 stage IIIA-IIIB-IVA are not significantly affected by lymph node metastases.

Poster rounds with the professors: Group O2

31/#204

COST-EFFECTIVENESS OF HYSTERECTOMY AT THE TIME OF RISK-REDUCING BILATERAL SALPINGOOOPHORECTOMY FOR PATIENTS WITH BRCA1 MUTATIONS

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10.1136/ijgc-2022-igcs.75

Objectives To identify trends in incidences of germ cell tumors and subtypes in large population registries in the US and Republic of China.

Methods Data was obtained from the United States Cancer Statistics (USCS) and the Taiwan Cancer Registry between 2001 and 2018. SEER*Stat and Joinpoint regression programs were used to calculate incidences and trends. Native Chinese were defined as individuals from Taiwan. The incidence was adjusted by WHO 2000 standard population.

Results Of 11,941 patients with germ cell tumors, 651 (5.5%) were US Asians and 1249 (10.5%) were Native Chinese. Over the 17-year study period, the overall incidence of

32/#1068

TRENDS IN THE INCIDENCE OF OVARIAN GERM CELL CANCERS IN US ASIANS AND NATIVE CHINESE

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10.1136/ijgc-2022-igcs.76
germ cell cancers in Native Chinese is nearly 2-fold higher compared to US Asians 0.66 vs. 0.36 per 100,000. In Native Chinese, the incidence is increasing with an average annual percent change (AAPC) at 1.4% (p = 0.006) whereas in US Asians there is no change (AAPC = -0.10%, p = 0.89). To further evaluate the trends in Native Chinese, we found that the incidence (in 2018) of immature teratomas was nearly 3-fold higher compared to dysgerminoma and yolk-sac tumors (0.32 vs. 0.11 vs. 0.10). Moreover, immature teratomas are increasing at 3.46% per year (p < 0.001) whereas the dysgerminoma and yolk-sac tumors have remained stable. An intersectional analysis showed Native Chinese at age 10–14 with immature teratoma had the highest annual increase (7.56%, p = 0.016).

Conclusions Incidences of germ cell tumors have increased in Native Chinese but remained stable in US Asians. The higher incidence and increasing rates of the immature teratoma type warrants further studies on potential genetic and environmental factors.

**Poster rounds with the professors: Group C5**

**34/#806 PATTERNS OF PALLIATIVE CARE UTILIZATION BY WOMEN WITH GYNECOLOGIC MALIGNANCIES IN ONTARIO, CANADA: A 13-YEAR POPULATION-BASED RETROSPECTIVE ANALYSIS**

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Objectives Early palliative care (PC) (≥6–12mo from death) has been associated with improved patient quality-of-life, less aggressive end-of-life care, and prolonged survival, and is understudied in gynecology. We characterized patterns of PC utilization and predictive factors in gynecologic cancer patients.

Methods We conducted a population-based, retrospective cohort study of gynecologic cancer decedents in Ontario from 2006–2018 using ICES-linked administrative healthcare data. Multivariable logistic regression was used to determine factors associated with PC utilization.

Results In this cohort of 16,237 women, 93.4% of decedents accessed palliative care, initially in the outpatient setting for 68.8% and institutionally for 31.2%. Palliative care was initiated a median 127 days before death (IQR 38–361d), and PC users accessed a median 8 institutional days (IQR 0–21d) and 41 community days (IQR 3–174d). While use of community PC gradually increased toward the end of life, use of institutional palliative care exponentially increased from 12 weeks until death. On multivariable analyses, factors significantly associated with an increased likelihood of receiving palliative care were longer cancer-related survival and Deyo-Charlson comorbidity score ≥1. Factors significantly associated with decreased likelihood of palliative care were age ≥80 years, diagnosis of uterine or vaginal cancers, initial diagnosis of stage I-III malignancy (vs. stage IV), living rurally or in the third income quintile, or death after 2007.

Conclusions While >90% of gynecologic cancer decedents accessed palliative care, median initiation was within the last 4 months of life (late PC), which may result in suboptimal quality of life and end-of-life care. Access to PC may be inequitable.

**35/#953 QUANTITY OVER EQUITY: DISPARITIES IN THE DISTRIBUTION OF THE U.S. GYNECOLOGIC ONCOLOGY WORKFORCE**

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Objectives To determine the trends and progress of clinical trials on ovarian cancer over the last 20 years.

Methods From 2001 to 2021, all phase 3 clinical trials were identified from clinicaltrials.gov. Demographics and characteristics were analyzed for comparison and trends using chi square analysis.

Results Of 43,641 ovarian cancer patients enrolled in 58 clinical trials, 19 were based in the US and 39 were based internationally. There were 35 (60%) government sponsored trials vs. 23 (40%) industry trials. 18 (31%) trials studied chemotherapies vs. 40 (69%) targeted therapies; 17 (30%) trials incorporated biomarkers. The median number of patients per trial was 581 (range 50–1952), and those using PFS vs. OS was 35 (60%) vs. 14 (24%). To evaluate trends, we studied two time periods, 2001–2010 and 2011–2021. There was an increase in industry sponsored trials (5% (2001–2010) vs. 49% (2011–2021); p-value < 0.05), targeted therapy trials (10% to 43%; p-value < 0.05), biomarker use (BRCA, HRD, PDL1) (67% to 89%; p-value < 0.05), and incorporation of PFS endpoint (57% to 70%; p-value = 0.3). There was a decrease in the median number of patients enrolled per trial (n = 820 to 426) and in the proportion of patients with comorbidities (ECOG>2) (17% to 7%; p-value = 0.2).

Conclusions Over the past 20 years, targeted therapy trials incorporating biomarker use has increased, but the number of patients enrolled and those with comorbidities has decreased. These trends in trial design and enrollment are important in understanding the applicability of their results to our patients.