recurring within six months of the last platinum-based chemotherapy. The SLR was conducted per the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Statement. Results A total of 19 records from 18 studies were included, two of which were US cost-effectiveness analyses (CEAs) from the updated SLR. A 2022 US CEA reported that olaparib was cost-effective vs niraparib for BRCA1 and BRCA2-mutation-positive PROC at a willingness-to-pay threshold of $100,000. In another CEA from 2022, total parenteral nutrition was not cost-effective for the management of inoperable malignant bowel obstruction in PROC. Overall, the cost-per-cycle for PROC treatment ranged from $53 to $4,360 for chemotherapy, $6,989 to $9,806 for bevacizumab, and $7,780 to $9,022 for poly-(adenosine diphosphate-ribose) polymerase inhibitors (figure 1). Reported incremental cost-effectiveness ratios were high and most interventions were not considered cost effective (table 1).

Conclusion/Implications High healthcare and treatment costs associated with the management of PROC emphasize the need for cost-effective treatment options in PROC.

Abstract EP197/#453 Figure 1

Results Between February and September 2022, 1,263 patients participated in this project and 1,084 (85.8%) received the COVID-19 vaccine. The highest rate of vaccination was from NCI followed by Khon Kaen, Chiang Mai, and Songkhla. 356 participants (28.2%) were infected with COVID-19 and 46 infected participants (12.9%) were unvaccinated. Regarding knowledge and attitudes, most participants felt quite easy to get health literacy, moderate probability to get the severity of covid-19 infection, proper behavior for prevention, little stress of COVID infection, quite a lot to trust in healthcare workers, quite agreed with lifting regular rules for control covid-19 pandemic, and often general well-being. The significantly different level (level 0–6: the least to the most) vaccination decision factors in unvaccinated versus vaccinated participants were as follows: health ministry recommendation (3.92 vs. 4.16), how easy to get the vaccine (3.6 vs. 3.9), no need to vaccine due to rare disease (2.6 vs. 2.2), stress made me not want to vaccinate (2.6 vs 2.1), if everyone is vaccinated, no need for me to vaccinate (2.5 vs 1.9), and the importance of covid-19 vaccines (3.7 vs.4.2)

Conclusion/Implications Most gynecologic cancer patients received covid-19 vaccine and revealed a good knowledge and attitude toward this pandemic.

Abstract EP197/#453 Figure 1

Knowledge, Attitude, and Acceptance Toward COVID-19 Vaccine of Gynecologic Cancer Patients in Thailand: A Multicenter Study

Introduction To evaluate the knowledge, attitudes, and acceptance toward covid-19 vaccine of gynecologic cancer patients in Thailand

Methods Participants from Chiang Mai University Hospital, Khon Kaen university hospital, Prince of Songkla university hospital, and the National Cancer Institute (NCI) were surveyed on these issues using a WHO survey tool.

Conclusion/Implications High healthcare and treatment costs associated with the management of PROC emphasize the need for cost-effective treatment options in PROC.

ATR-FTIR Spectroscopy Analysis of Gynecological Tumor Paraffin Blocks

Introduction Epithelial ovarian cancer (EOC) is the most lethal cancer among gynecological malignancies worldwide, accounting for 90% of all ovarian cancers. Our study’s primary objective is to discriminate benign from malignant ovarian tumors using tissue samples that underwent formalin fixation using ATR-FTIR spectroscopy.

Methods This is a retrospective, single center study. Inclusion criteria were of formalin fixed tissue taken from pathology...
archive samples, resected from females ages 18 and above. Two sets of slides from malignant tumors and 2 sets of slides from benign tumors were used to study the effect of tissue thicknesses on the measured absorption spectra: a set of 4 microns and a set of 12 microns from each tumor type were compared. Spectroscopic measurements were performed on the different slides. The 4 microns tissue thickness group was chosen. Each slide was measured in multiple locations. PCA-LDA Discrimination analysis was performed using the measured spectra. The cross-validation process was repeated five times. The results of these validations were then averaged to produce a single estimation.

Results A total of 74 tissue samples were examined. Absorption spectra of the malignant tumors were consistently different from that of benign tumors at many spectral ranges. Using K-fold cross validation technique, the study showed that the model correctly classified the samples into malignant and benign groups with an accuracy of 94.5%.

Conclusion/Implications Our study exhibits a sensitive method to differentiate between a benign and malignant paraffin block preparation. With further research, this technique could become an alternative to conventional histopathology.

**Abstract EP199/#26**

**Figure 1**

**Figure 2**

**Abstract EP199/#26**

**EP200/#131**

**INVASIVE STRATIFIED MUCIN-PRODUCING CARCINOMA OF THE UTERINE CERVIX: COMPARISON OF ITS CLINICOPATHOLOGICAL CHARACTERISTICS AND PROGRAMMED DEATH-LIGAND 1 EXPRESSION STATUS WITH OTHER ENDOCERVICAL ADENOCARCINOMAS**

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Introduction Invasive stratified mucin-producing carcinoma (ISMC) is a rare histological type of human papillomavirus-associated (HPVA) mucinous-type endocervical adenocarcinoma (EAC). Compared to other HPVA EACs, ISMC shows more frequent post-treatment recurrences and metastases as well as worse survival. We investigated the differences in clinicopathological characteristics, patient outcomes, and programmed