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Abstract

AS12. Palliative care

SO007/#1036 IGCS PALLIATIVE CARE GLOBAL CURRICULUM VERSION 1: EXPERIENCE FROM GRADUATES

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Introduction Palliative care uses a multidisciplinary approach and is recommended early in advanced disease. Despite data showing its importance, a 2018 IGCS members’ survey revealed that most members lacked training in palliative care and wanted to improve their skills. As a Presidential initiative, the IGCS Palliative Care Workgroup developed an online Global Curriculum to be as generalizable and flexible as possible, so that it would be useful to a variety of professionals practicing in different regions of the world, in different circumstances, and cultural and legal structures.

Methods The Global Palliative Care Curriculum was developed by 12 authors and is composed of nine chapters addressing critical topics. Each chapter has a case vignette, pre- and posttest questions, objectives, description of the topic, and references. Each chapter was reviewed by other chapter authors, with IGCS co-editors and a professional medical editor conducting a final review.

Results IGCS Global Palliative Care Curriculum Version 1 was launched in September 2020. As of May 2023, 133 applicants started the program, of whom 63 have completed the program. Forty-four percent (28/63) of those who completed the program completed the post-program survey. Overall, applicants agreed that the content fulfilled their expectations, and improved their skills in this field (table 1).

Conclusion/Implications Palliative Care is an unmet need for gynecologic oncologists. The IGCS Palliative Care Curriculum Version 1 appears to be a reliable learning tool. Based on its success, the IGCS Palliative Care Work Group is developing Version 2, updating the existing chapters, and adding new chapters.

AS17. Social inequities and impact on cancer outcomes

SO008/#160 MENTAL HEALTH AMONG WOMEN WITH A HISTORY OF GYNECOLOGIC CANCERS: A CROSS-SECTIONAL ANALYSIS OF THE CANADIAN LONGITUDINAL STUDY ON AGING

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Introduction The mental health of gynecologic cancer survivors is under investigated. The Canadian Longitudinal Study on Aging (CLSA) includes >50,000 individuals aged 45–85 for 20 years and contains important psychosocial and self-reported data. We sought to evaluate factors contributing to current mental health outcomes among gynecologic cancer survivors.

Methods We performed a cross-sectional analysis of 26,155 female participants. Depression and psychological distress were measured using the Center for Epidemiological Studies Depression Scale (CES-D10) and the Kessler’s Psychological Distress Scale (K10), respectively. Self-rated mental health (SRMH) was measured using a five-point Likert scale. Regression analyses were performed, controlling for the complexity of the design and covariates.

Results Participants with a history of gynecologic cancer (n=765, weighted prevalence 2.9%, 95%CI 2.4–3.3) were more likely to screen positive for depression (OR CES-D10 1.6, 95%CI 1.1–2.3). Low income (OR CES-D10 1.8, 95%CI 1.1–3.2; OR K10 8.8, 95%CI 3.3–23.7) and smoking (OR CES-D10...