AS12. Palliative care

Abstract 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

Abstract 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 1.1–2.5). Low income (ORCES-D10 1.8, 95%CI 1.1–3.2; ORK10 8.8, 95%CI 3.3–23.7) and smoking (ORCES-D10 1.8, 95%CI 1.1–3.2) were significantly associated with depression.

Abstract SO007/#1036 Table 1  Summary of different responses from applicants after completion of course

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>MOST PREFERRED ANSWER</th>
<th>RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior Training</td>
<td>A little</td>
<td>57% (16/28)</td>
</tr>
<tr>
<td>Material was Valuable &amp; Useful to me in my setting</td>
<td>Strongly agree</td>
<td>86% (24/28)</td>
</tr>
<tr>
<td>Content was covered as expected</td>
<td>Yes</td>
<td>100% (28/28)</td>
</tr>
<tr>
<td>Materials: increased knowledge &amp; skills</td>
<td>Strongly Agree</td>
<td>89% (25/28)</td>
</tr>
<tr>
<td>Applicant feels confident after completing this course</td>
<td>Very Confident</td>
<td>64% (18/28)</td>
</tr>
<tr>
<td>Course increased interest in this field</td>
<td>Yes</td>
<td>100% (28/28)</td>
</tr>
</tbody>
</table>
4.9, 95%CI 2.5–9.7; OR$_{K10}$ 3.6, 95%CI 1.7–10.9) were predictors of screening positive for depression and psychological distress. Non-white ethnicity was predictive of psychological distress (ORK10 = 5.9, 95%CI 2.0–17.0). Low income (ORSRMH 5.2, 95%CI 2.1–12.8) and multimorbidity (ORSRMH 18.5, 95%CI 2.2–153.3) were predictors for low SRMH. Education, marital status and alcohol consumption were not found to be predictive of mental health outcomes.

Conclusion/Implications Participants with a history of gynecologic cancer are at increased risk of depression, particularly those faced with additional socioeconomic challenges and multimorbidity. Further research is required to address the mental health needs of patients with gynecologic cancers and to identify strategies towards sustained support throughout diagnosis and survivorship.

Focused Plenary 02: Surgery

AS03. Cervical cancer

SO009/#656 UTILIZATION AND OUTCOMES OF SENTINEL LYMPH NODE BIOPSY (SLNBX) FOR PATIENTS WITH CERVICAL CARCINOMA; A MULTICENTER DATABASE ANALYSIS


Abstracts

Introduction Investigate the utilization and outcomes of SLNBx algorithm for patients with cervical carcinoma. Methods Patients diagnosed between 2012–2019 with cervical carcinoma who underwent hysterectomy with SLNBx or systematic lymphadenectomy (sLND) (defined as at least 10 LNs removed) were identified in the National Cancer Database. LN metastasis rates were calculated following stratification by tumor size. Overall survival (OS) was evaluated after controlling for confounders. Results A total of 15711 patients were identified; 1710 (10.9%) had SLNBx. Utilization of SLNBx steadily increased from 2.7% in 2012 to 19.5% in 2019. Patient who had SLNBx were more likely to undergo simple hysterectomy (49.7% vs 44.5%, p<0.001), and minimally-invasive surgery (74.4% vs 56.3%, p<0.001). Rate of SLNBx was 12.8% for tumors <=2 cm compared to 9% and 6.9% for those 2-4 and >4 cm, p<0.001. Rate of LN metastasis was comparable between the two groups for tumors <=2 cm compared to 9% and 6.9% for those 2-4 and >4 cm, p<0.001. Rate of LN metastasis was 9.3% (58/627), 4.4% (20/458) in the LR- and 22.5% (591/627) in the IR group. Only 0.3% (2/627) experienced an intraoperative complication associated with the SLN procedure. The incidence of postoperative complications was 8% (50/627). The mean difference score of lymphoedema was below the threshold for clinical importance 4.3/100 (95%CI 2.6–5.9). The incidence of leg swelling and heaviness was low, 5.2% and 6.1%, respectively. Conclusion/Implications SLNBx is rapidly incorporated in the management of patients with cervical cancer with no detrimental effect on survival or detection rates of LN metastasis, and improved peri-operative outcomes.

AS04. Endometrial/Uterine corpus cancers

SO010/#1243 RISKS AND BENEFITS OF A NATIONAL ADOPTION OF SENTINEL NODE MAPPING IN LOW AND INTERMEDIATE RISK ENDOMETRIAL CANCER - THE SENTIREC-ENDO STUDY

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Introduction Surgical staging of endometrial cancer (EC) serves to allocate women with lymph node metastases to adjuvant treatment. Sentinel lymph node (SLN) mapping can accurately detect lymph node metastases in women with EC of low- or intermediate-risk (LR or IR) of lymph node metastases. We aim to investigate risks and benefits of a national protocolled adoption of SLN mapping to women with LR and IR EC, in a real-life clinical setting. Methods A national multicenter prospective study of SLN-mapping in women with LR and IR EC from March 2017-February 2022. Postoperative complications were classified according to Clavien-Dindo. Lymphoedema was evaluated by validated patient-reported outcome measures at baseline and three months postoperatively. Results 627 women were included in the analyses, 458 with LR- and 169 with IR EC. The SLN detection rate was 94.3% (591/627). The overall incidence of lymph node metastases was 9.3% (58/627), 4.4% (20/458) in the LR- and 22.5% (38/169) in the IR group. Only 0.3% (2/627) experienced an intraoperative complication associated with the SLN procedure. The incidence of postoperative complications was 8% (50/627). The mean difference score of lymphoedema was below the threshold for clinical importance 4.3/100 (95%CI 2.6–5.9). The incidence of leg swelling and heaviness was low, 5.2% and 6.1%, respectively. Conclusion/Implications SLN mapping is a safe staging procedure in women with EC of LR and IR, carrying a very low risk of early lymphoedema, perioperative- and postoperative complications. The change in clinical practice contributed to improved treatment allocation for both risk groups and thus supports further international implementation.