transcriptomic data from both the training set and The Cancer Genome Atlas HGSOC patients (n=419) were used. Using genes selected by the gene expression ratio analysis, we constructed and trained a deep neural network (DNN). Multiple DNN models were combined to build average ensemble models, which were further validated using the test set in the validation phase.

Results All patients in the study population received platinum-based combination chemotherapy: 15 and 71 were identified as chemoresistant and chemosensitive, respectively. Based on the gene expression ratio between chemoresistant and chemosensitive groups, we selected the top 70 genes with high expression ratios. Machine learning algorithms were applied to develop and train DNNs of the selected genes. Then, the five-fold average ensemble models were developed. Among the various ensemble models, the best model predicted chemoresistant cases with high accuracy (AUC, 0.925).

Conclusion/Implications We successfully developed next-generation RNA sequencing-based deep-learning models to predict chemoresistance risk after first-line platinum-based chemotherapy in HGSOC. These newly developed models would help the individualized management of HGSOC patients.

AS04. Endometrial/Uterine corpus cancers

SO023LBA/#1384 PROGNOSTIC PERFORMANCE OF THE 2023 FIGO STAGING SCHEMA FOR ENDOMETRIAL CANCER

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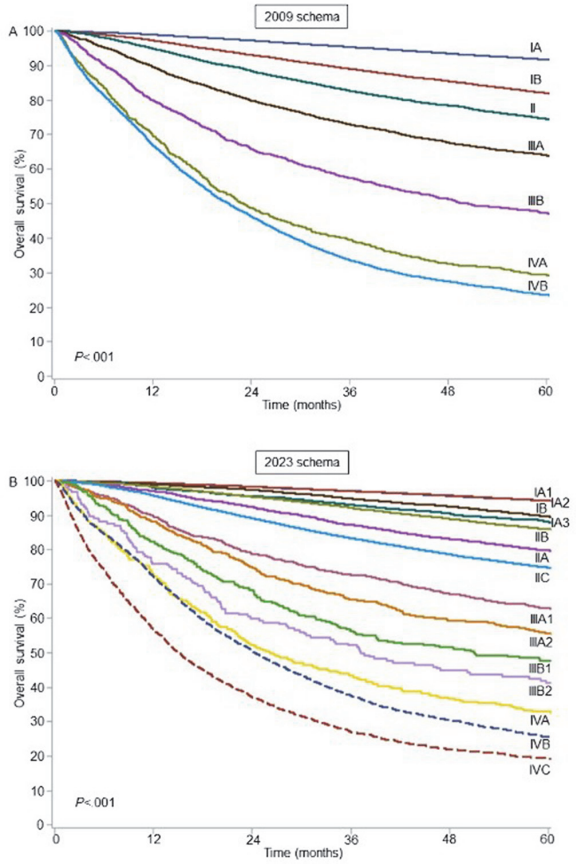
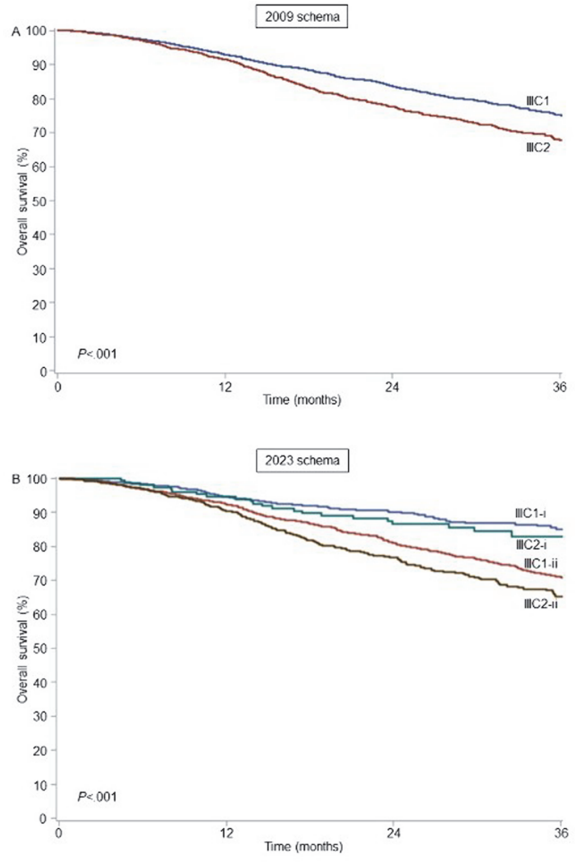
Introduction This study examined prognostic performance of the 2023 FIGO endometrial cancer staging schema.

Methods The National Cancer Database was retrospectively queried to examine 129,146 patients with stage I-IV endometrial cancer per the 2009 FIGO schema. Overall survival (OS) per the 2023 FIGO schema was assessed (figures 1–2).

Results In the 2009 schema, the inter-stage difference in 5-year OS rate was 68.2% (91.4% for IA and 23.4% for IVB; this widened to 74.9% in the 2023 schema (94.1% for IA1 and 19.2% for IVC). In the 2023 schema, 5-year OS rate of IIC was more than 10%-point lower compared to that of IA-IB (74.7% vs 88.0–94.4%). In the 2009 schema, 5-year OS rate of IIIA was 63.9%; this was greater segregated to 88.0% for IA3, 62.9% for IIIA1, and 55.7% for IIIA2 in the 2023 schema. This 5-year OS rate of new IA3 was comparable to IB in the 2023 schema (88.0% vs 89.5%). In the 2023 schema, irrespective to nodal metastatic sites, 3-year OS rates were similar in micrometastasis (IIIC1-i vs IIIC2-i, 84.9% vs 82.9%) but not in macrometastasis (IIIC1-ii vs IIIC2-ii, 71.1% vs 65.2%). In the 2009 schema, the 5-year OS rate of IVB was 23.4%; this was segregated to 25.4% for IVB and 19.2% for IVC in the 2023 schema.



Abstract SO023LBA/#1384 Figure 1



Abstract SO023LBA/#1384 Figure 2

Conclusion/Implications The 2023 FIGO endometrial cancer staging schema is a major revision from the 2009 FIGO schema. Almost doubled enriched sub-stages based on detailed anatomical metastatic site and incorporation of histological information enable more robust prognostication.

Early Career Workshop

W001/#1412 MOLECULAR MARKERS PERFORMED ON ENDOMETRIAL BIOPSY IN CA ENDOMETRIUM (EC) PROVIDES PROGNOSTIC AND PREDICTIVE INFORMATION

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Introduction This shift towards a molecular driven Endometrial Cancer classification is an important step to the future precision medicine. These biomarkers could be used in clinical practice for a more individualized management in EC and promoting a personalized therapeutic strategy to avoid over- or under-treatment.

Aim To evaluate the role of IHC markers Preoperatively in endometrial biopsies(EB) (ER, PR, HER2, p53, L1CAM, MSI) in determining prognostication in patients with EC

Methods Observational study N= 80 patents diagnosed with endometrial cancers between September 2019- September 2021 Site-Tertiary cancer centre India IHC marker expressions in preoperative EB were correlated with post operative histopathological specimen parameters

Results Correlation of IHC marker was done with various post surgery pathology parameters and it showed correlation with variable p values suggesting that certain IHC markers correlated with advanced disease and aids in prognostication. ER and PR expression showed correlation with early disease, HER2 score 3+ showed correlations with size of the lesion and Advanced disease, L1CAM expression of >10% showed correlation with para aortic nodes and distant metastases, p53 mutation showed correlation with pelvic lymphnodal involvement and advanced disease, MMR deficient- showed correlation with >50% myometrial invasion and no distant metastases.

Conclusions At present to our knowledge this is the first ever study evaluating the role of incorporating IHC in preoperative endometrial biopsies and correlating it with final staging.

W002/#1410 NOVEL STRATEGY OF TRAINING THE ACCREDITED SOCIAL HEALTH ACTIVISTS (ASHAS) VIA TELEMEDICINE FOR CERVICAL CANCER SCREENING BY HPV SELF-SAMPLING – THE TRACK TRIAL

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Introduction This is a novel, pilot study aimed to analyse training of ASHAs by telemedicine for counselling women for cervical cancer screening by HPV Self-Sampling.

Methods This study is a pilot, community-based, prospective, single-arm study. Physicians trained the ASHA workers over telephone using videos, e-pamphlets and video conferencing regarding self-sampling HPV testing, who in turn trained the clients in community. Self-sampling HPV kits were transported via courier.

Results 465 women of age group 30–65 years were tested by 47 tele-trained ASHA workers. The mean age of ASHA worker and clients was 39.47±6.45 and 37.26+8.38 years, respectively. Almost half (53%) of the ASHA worker were educated till intermediate standard. The time taken to train ASHA workers via telephone was 26.51±4.18 minutes. 91.7% of the ASHA worker were satisfied with the information provided during tele-counselling. Each ASHA recruited ten clients on an average. 95.8% of the ASHAs felt it as easy to explain the clients. The acceptability of this strategy among clients was 56%. The feasibility of this strategy (percentage of clients who find it easy/those who did self-sampling) was 99%. Half of the women (48.9%) cited 'feeling uncomfortable' as the reason for not wanting to get screened. Among those

Abstract W002/#1410 Table 1

Characteristics	ASHA Workers (n=47)	Clients (n=465)
Age (in years)	39.47±6.45	37.26+8.38
Education Illiterate Primary Secondary Graduate Postgraduate	0 (0.0%) 16 (34.0%) 25 (53.2%) 3 (6.4%) 3 (6.4%)	85 (18.28%) 189 (40.65%) 105 (22.59%) 66 (14.19%) 20 (4.3%)
Occupation Unskilled Semi-skilled Skilled	0 47(100%) 0	378 (81.3%) 77 (16.56%) 10 (2.15%)
History of cervical cancer screening in past	1(2.1%)	36 (7.7%)
Average time taken to counsel (in minutes) Number of repeat training sessions required	26.51±4.18	NA
Acceptability of self-sampling by clients counselled by different ASHA workers (Clients willing to get HPV sample/Total number of clients counselled by each ASHA)	NA	58.25%
No of ASHA workers who could counsel following percentage of women <50% 50–90% >90%	10 17 20	NA
Feasibility (percentage of clients who find it easy/those who did self-sampling)	46 (97.9%)	461 (99.14%)
Reason of refusal of self-sampling Uncomfortable to self-sample Do not rely on test Find it difficult Feel embarrassed to do the test Just don't want to do	NA	48.9% 2.1% 4.2% 36.2% 8.6%
Wants to know result of HPV test by ASHA Physician	NA	443 (95.26%) 22 (4.73%)
Positive HPV test	5 (10.6%)	51 (11%)
Visited centre for further management	5/5 (100%)	35/51 (68.6%)