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 overtreatment.

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 patients 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.
screened, 11% were hrHPV positive and 68% were willing for follow-up. Table 1: Characteristics of ASHAs and Patients

Conclusions Conclusion: The current study highlights a novel strategy incorporating the role of telemedicine in training ASHA worker for the self-sampling of HPV for cervical cancer screening, with promising results. The study is funded by American Society of Clinical Oncology.

RESOURCE STRATIFIED SECONDARY CERVICAL CANCER PREVENTION: PRAGMATIC APPROACH FOR BASIC LEVEL OF SERVICE

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Introduction The American Society of Clinical Oncology (ASCO) produced a guideline for Resource Stratified Secondary Cervical cancer prevention that recommended the use of Visual Inspection with Acetic Acid (VIA) only with the goal of developing the basic settings if HPV testing is not available. We hereby present ongoing attempts at instituting organized cervical cancer prevention programs in basic settings.

Methods We leveraged the pre-implementation activities of the pilot HPV screening of 5,000 women in Kebbi State to train the staff of 3 non-state-owned health facilities: Police Cottage Hospital, Kebbi Command, Haske Dominican Hospital, Dabai and Medical Reception Station, Dukku Barracks. The progress made was assessed against resource stratified secondary cervical cancer prevention in the basic settings.

Results The cervical cancer screening programs at the three facilities effectively kick started after training within an organized screening program. Although none currently use HPV-based screening due to cost, staff are trained to perform HPV testing and are ready to upgrade if resources permit. All three facilities currently refer screen-positive cases to a tertiary health facility for treatment in a hub-spoke model.

Conclusions The resource-stratified model offers an opportunity for low-resource settings to establish sustainable cervical cancer prevention services within their economic constraints and prepare facilities for future introduction of HPV screening Program. We proposed a flexible model that allows upgrading to HPV in response to available resources.

SUPPORT FOR STANDARDIZATION: ULTRASOUND RISK STRATIFICATION MODELS ACCURATELY DISCRIMINATE BENIGN FROM MALIGNANT ADNEXAL LESIONS IN THE HANDS OF NOVICE OPERATOR

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Introduction It is unclear whether ultrasound risk stratification models for adnexal lesions perform well when used by novice providers. We aim to compare the performance of four

Abstract W004/#1411 Figure 1 Diagnostic performance of ADNEX, two-step strategy, O-RADS 2019 and 2022. Above, ROC curves for the four models. Below, AUC, sensitivity, specificity, accuracy, positive and negative predictive values with 95% confidence intervals. Abbreviations: AUC, area under the curve; ROC, receiver operating curve; PPV, positive predictive value; NPV, negative predictive value.