

life years (QALYs), total costs and incremental cost-effectiveness ratios (ICERs) were measured. One-way and probabilistic sensitivity analysis were performed to estimate the model robustness. Scenario analyses were also conducted. Study period was from June 2022 to January 2023.

Results Niraparib ISD increased QALYs by 0.59 and 0.30 in PSROC patients with and without germline BRCA (gBRCA) mutations, respectively vs routine surveillance; incremental costs were \$10,860.79 and \$12,098.54, respectively. The ICERs of niraparib ISD over routine surveillance were \$18,653.67/QALY and \$39,212.99/QALY, respectively. At the willingness-to-pay (WTP) threshold of \$37,488/QALY, niraparib ISD enhanced the likelihood of cost-effectiveness from 9.35% to 30.73% in the gBRCA-mutated and from 0.77% to 11.74% in the non-gBRCA mutated patients. In China's highest per capita GDP region, 74.23% of gBRCA-mutated and 76.10% of non-gBRCA-mutated population considered niraparib to be cost-effective. The probability of maintaining niraparib being cost-effective for those covered by the National Basic Medical Insurance program was 100%.

Conclusion/Implications Maintenance niraparib ISD is cost-effective in gBRCA-mutated PSROC patients vs routine surveillance in China. It is found to be expensive and more effective in non-gBRCA-mutated patients. The optimized niraparib price, economic status, and health insurance coverage may benefit the economic outcome.

AS12. Palliative care

PRO77/#690

GYNECOLOGIC ONCOLOGISTS' PRACTICE PATTERNS AND ASSOCIATED BARRIERS TOWARD PALLIATIVE-HOSPICE CARE: A SURVEY OF THE KOREAN GYNECOLOGIC ONCOLOGY GROUP

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Introduction Gynecologic oncologists frequently care for patients with advanced cancer and at the end of life. A new legislation on Hospice, Palliative Care and Life-sustaining Treatment Decision (LSTD) has been enforced in Korea since 2018. However, there still exists barriers in integrating early and specialized palliative care (PC) into gynecologic cancer care. The objective of this study was to identify practice patterns, attitudes, and perceived barriers of PC among Korean gynecologic oncologists (GO).

Methods Members were invited to participate in an anonymous online survey via the Google Forms. A Likert scale captured practice patterns, perceptions and barriers to timely PC implementation or referral.

Results Ninety-three (55.4%) gynecologic oncologists completed the survey. The majority (82.8%) referred patients to

specialty PC service, mainly for complex symptom management and subsequent referral to hospice. The timing of referral was most frequent when assumed prognosis was <1–2 months (34.8%). Almost half (49.5%) responded that early PC should be provided primarily by GOs and 40.9% felt the need for collaboration with PC specialists. The most frequently perceived PC barriers included patients' and families' unrealistic expectations (58.8%) and difficulty in prognostication (18.5%). The difficulties in discussing PC issues with patients were lack of knowledge in PC (28.3%), time constraints (26.5%), and physician distress. Most (94.6%) strongly agreed on the implementation of LSTD and felt the need for systematic training in palliative care (90.2%).

Conclusion/Implications According to this cohort of KGOG members, patients' unrealistic expectations, difficulty in prognostication, and lack of physicians' knowledge were the most frequent barriers to providing PC.

AS14. Pre-invasive disease

PRO78/#804

A MULTICENTRE RANDOMISED CONTROLLED TRIAL ON THE OUTCOMES OF FERTILITY SPARING TREATMENT OF ATYPICAL ENDOMETRIAL HYPERPLASIA

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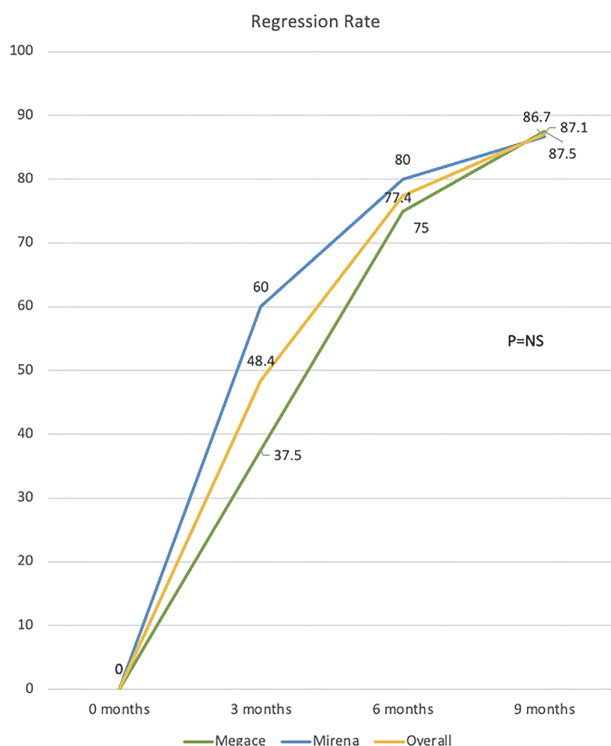
Introduction Mirena and/or megestrol acetate (megace) are often used as medical treatment for atypical endometrial hyperplasia (AH) in women who are keen to preserved fertility. However, to-date, there has been no RCTs evaluating the performance of Mirena with megace in the treatment of AH.

Methods The study team conducted a multi-centre randomised controlled trial (RCT) on the use of Mirena compared to megace in the treatment of AH from January 2020 to the January 2023. Women aged 40 years old and below were included and randomised to receive either Mirena or megace. The patients underwent an endometrial biopsy every 3 months for a maximum treatment duration of 9 months. The primary outcome assessed was the regression rate. The secondary outcomes assessed include side effects, patient acceptability and fertility outcomes.

Results The RCT recruited 34 patients among 3 centres in Singapore. The mean age was 32.2 years and the mean BMI

Abstract PRO78/#804 Table 1

	Megace (N=16)	Mirena (N=15)
3-month regression N,(%)	6 (37.5)	9 (60.0)
6-month regression N,(%)	12 (75.0)	12 (80.0)
9-month regression N,(%)	14 (87.5)	13 (86.7)
Persistence N,(%)	1 (6.3)	2 (13.3)
Cancer N,(%)	1 (6.3)	0 (0%)



Abstract PR078/#804 Figure 1

was 36.2 (range: 20 – 55.9). There were 31 patients who completed the study. The overall regression rate was 87.1% by 9 months with no significant difference between the two arms. There was no significant difference in side effects and weight change in both arms.

Conclusion/Implications Our study confirms a high regression rate of AH with medical treatment. Mirena is a non-inferior treatment compared to megestrol acetate.

AS15. Rare tumors

PR080/#375

GENOMIC EVOLUTION OF UTERINE LEIOMYOSARCOMA: A STUDY OF SERIAL RECURRENCES

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Introduction Uterine leiomyosarcomas (uLMS) have high recurrence rates and frequently harbor structural aberrations in TP53 and RB1. We sought to compare molecular profiles of primary uLMS and matched serial recurrences to assess tumor evolution over time.

Methods Patients diagnosed with uLMS between 1/1/2000 – 11/31/2020 who had primary tumor, ≥ 2 serial recurrences, and normal tissue available were identified. All slides were reviewed by an expert gynecologic pathologist. Samples were microdissected to enhance for tumor purity and subjected to

tumor-normal targeted DNA next-generation sequencing (NGS).

Results Tumor-normal NGS was performed on 42 tumor samples from 10 patients. The median age at diagnosis was 54 (range 30–69). The median number of recurrences was 3 (range 2–7); the median progression free survival was 45 months (range 4–163). At least one homozygous deletion affecting RB1 (50%), PTEN (30%), TP53 (30%), and/or BRCA2 (20%), as well as clonal mutations affecting TP53 (30%) and ATRX (10%), were early events and present across all samples of a given patient. Non-oncogene missense mutations were frequently shared across samples from a given case. As a group, chromosomal instability was found to be significantly higher across recurrences compared to primary tumors (mean fraction of genome altered 50% v 37.5%, $p=0.035$).

Conclusion/Implications Primary uLMS and subsequent recurrences display genomic intra-individual concordance, with sustained driver mutations over time. Chromosomal instability was higher in recurrent tumors. The high BRCA2 homozygous deletion rate warrants exploration as a potential prognostic factor in uLMS.

PR081/#468

EARLY STAGE OVARIAN IMMATURE TERATOMA: SURVEILLANCE OR CHEMOTHERAPY AFTER SURGERY? EXPERIENCE FROM CHINESE NATIONAL CENTER OF RARE DISEASE

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Introduction To compare the survival outcomes between surveillance and adjuvant chemotherapy in patients with stage I ovarian immature teratomas (IMTs) who underwent fertility-sparing surgery.

Methods In this retrospective cohort analysis, patients with stage IA Grade 2–3, stage IB and stage IC ovarian IMTs between 2011 to 2023 from PUMCH Rare Cancer Registry were identified. A shared decision about surveillance or chemotherapy was made by physician and patients or their guardians.

Results A total of 103 patients were included. As the largest tertiary referral center of gynecologic germ cell tumor in China, 75 patients (72.8%) underwent surgery in local hospitals from 21 different provinces referred to us for further treatment. Forty patients chose surveillance after surgery. The median age at diagnosis was 19 years old (range 3–37). After a mean follow-up period of 29.9 months, only one patient with stage IA grade 2 IMT who underwent cystectomy had recurrence in the same ovary. The menstruation was not affected in all patients of reproductive age. Successful pregnancy was achieved in four patients without adverse events. In chemotherapy group, 63 patients received cisplatin-based adjuvant chemotherapy. Patient age, tumor stage and grade were similar in two groups. There was no statistical difference of 3-year disease free survival (DFS) and overall survival (OS) between two groups (Log Rank $p=0.325$ and 0.304).

Conclusion/Implications We did not observe survival differences in recurrence between patients with stage I ovarian IMTs who underwent adjuvant chemotherapy or not. Surveillance