

treatment. On studying acceptability of self-sampling, 943 (96.72%) participants were ‘very satisfied’, 918(94.15%) found it to be ‘very comfortable’ and 863(88.51%) stated that they will strongly recommend it to other eligible women.

Conclusion/Implications HR-HPV testing with limited genotyping showed a prevalence of 4.6%, 60% of these were HPV 16/18 positive. Point of care testing was feasible in the community and self-sampling was acceptable. Roughly 50% declined treatment, and reasons need to be looked into.

PR088/#198

EZH2/EZH1 INHIBITOR TULMIMETOSTAT (CPI-0209): PRELIMINARY PHASE II RESULTS AND FIRST BIOMARKER FINDINGS IN PATIENTS WITH ARID1A-MUTANT OVARIAN CLEAR CELL OR ENDOMETRIAL CARCINOMAS (OCCC/EC)

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Introduction ARID1A mutation (ARID1Amut) has a high incidence in OCCC (up to 60%) and EC (up to 40%), with evidence as a negative prognostic marker for treatment resistance and outcomes. EZH2 inhibition in ARID1Amut solid tumors results in tumor growth inhibition (Bitler et al. Nat Med 2015;21:231–238). Preliminary Phase II (NCT04104776) efficacy, safety, and biomarker findings from OCCC and EC cohorts receiving tulmimetostat are reported.

Methods The Phase II study is evaluating tulmimetostat 350 mg once daily in 6 disease-based cohorts, including ARID1A-mut OCCC/EC. Per Simon 2-stage design, expansion of enrolment (plus n=19 patients per cohort in Stage 2) requires objective response rate (ORR) $\geq 1/10$ in Stage 1. Primary endpoint is ORR; secondary endpoints include safety. Evaluation of two additional dose levels was implemented for both cohorts, per FDA recommendation of Project Optimus, to inform on optimal tulmimetostat dose.

Results 24 patients were enrolled (OCCC, n=14; EC, n=10); 50% of each cohort have received ≥ 3 prior treatment lines. Both cohorts are eligible for Stage 2 expansion, with 1 and 2 confirmed partial responses in patients with OCCC and EC, respectively (table 1). The manageable safety profile across all 6 tumor cohorts (n=81) was consistent with known class effects; Grade ≥ 3 related adverse events ($\geq 10\%$ of patients) included thrombocytopenia, anemia, neutropenia, and diarrhea. Next generation sequencing did not reveal a specific hotspot for ARID1Amut locations impacting clinical outcome in patients with OCCC/EC.

Conclusion/Implications These preliminary findings in heavily pre-treated patients with ARID1Amut OCCC/EC support continued investigation of tulmimetostat monotherapy.

PR089/#862

ARTIFICIAL INTELLIGENCE-BASED DIAGNOSTIC SYSTEM FOR THE DETECTION OF ABNORMAL COLPOSCOPIC FINDINGS

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Introduction Colposcopic examination requires sufficient training to detect cervical intraepithelial neoplasia (CIN) with (1) high diagnostic accuracy and (2) minimizing time and reducing tissue biopsies. This study aimed to develop an artificial intelligence (AI) based system which replicates expert colposcopic examination techniques, independent of examiner skill.

Abstract PR088/#198 Table 1 Best responses*

| | | OCCC | EC |
|---|--|------|----|
| Efficacy evaluable, N | | 14 | 8 |
| Best confirmed response, † n | CR | 0 | 0 |
| | PR | 1 | 2 |
| | SD | 7 | 2 |
| Best confirmed or unconfirmed response, † n | CR | 0 | 0 |
| | PR | 4 | 3 |
| | SD | 4 | 1 |
| No response, n | Progressive disease | 6 | 2 |
| | Not evaluable | 0 | 1† |
| | Discontinued without response assessment | 0 | 1 |
| | | | |

CR, complete response; EC, endometrial carcinoma; OCCC, ovarian clear cell carcinoma; PR, partial response; SD, stable disease.

*data cut-off 14 February 2023; †Per RECIST 1.1; †Patient had a radiological assessment (stable disease) prior to the required protocol-specified window (at least 28 days).

Methods A retrospective analysis was performed using 8341 colposcopic videos from 2013 to 2019, consisting of seven cases of early-stage cervical cancer, 203 cases of CIN3, and 456 cases of CIN1. An AI-based lesion detection model was developed to identify major abnormal colposcopic findings. The model was first trained using annotated colposcopic findings with the highest acetic acid intensity in cervical cancer and CIN3 cases whose histological diagnoses were confirmed by biopsies. The developed AI model was then applied to CIN1 cases and the diagnostic accuracy of the lesions was evaluated.

Results The AI-based model identified major abnormal colposcopic findings in cervical cancer and CIN3 cases with an area under the curve (AUC) of 0.89 for lesion area and 95% accuracy for number of lesions identified. The model also predicted minor abnormal colposcopic findings in CIN1 cases, with an AUC of 0.81 for detection of lesion area and 93% for identification of number of lesions. In addition, a heat map display based on the prediction results allowed visualization of the area of highest acetic acid intensity corresponding to the actual biopsy locations.

Conclusion/Implications Newly developed AI-based diagnostic system for colposcopy could identify CIN lesions with high accuracy and suggest appropriate biopsy sites.

AS17. Social inequities and impact on cancer outcomes

PR090/#818

PREVENTION AND MANAGEMENT OF CERVICAL CANCER: A GENDER-LENS REVIEW OF PROGRAMMATIC AND SOCIOCULTURAL DIMENSIONS IN BANGLADESH

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Introduction Due to the high prevalence of risk factors like early marriage, multiparity, low socioeconomic status, and limited screening, Bangladesh has a high burden of cervical cancer. Through a gender lens and an intersectional framework, this study seeks to understand the prevention and treatment of cervical cancer.

Methods The study was held at four hospitals, namely Bangabandhu Sheikh Mujib Medical University, National Institute of Cancer Research and Hospital, Dhaka Medical College, and Mymensingh Medical College. Using a mixed methods approach, 174 clinically diagnosed patients were surveyed, and 22 qualitative interviews were conducted. Quantitative data were analyzed using inferential statistics, and qualitative data using thematic analysis.

Results Poverty, along with other sociocultural practices like early marriage (92%) and high parity (36%), were identified to increase the vulnerability of women to cervical cancer. The study also identified multiple challenges patients with cervical

cancer face during the diagnosis and treatment phases, such as financial and psychological. The risk was found in women in rural areas (OR=0.4; 95% CI: 0.168–0.799) compared to women in urban areas and those who faced financial constraints with beginning treatment compared to those who already began treatment (OR=1.0; 95% CI: 1.000–1.018). The identified psychological difficulties included harmful social norms and fear of recurrence.

Conclusion/Implications Economic and psychological vulnerability integrates with critical insights of intersectionality, which makes women more likely to develop cervical cancer and face difficulties after diagnosis.

AS18. Surgical techniques and perioperative management

PR091/#367

IMPROVING THE RATE OF SAME DAY DISCHARGE IN GYNECOLOGIC ONCOLOGY PATIENTS UNDERGOING MINIMALLY INVASIVE SURGERY – AN ENHANCED RECOVERY AFTER SURGERY QUALITY IMPROVEMENT INITIATIVE

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Introduction Same-day discharge (SDD) in patients undergoing minimally invasive gynecologic oncology surgery (MIGOS) is a recent trend aligned with Enhanced Recovery After Surgery (ERAS) principles. SDD in MIGOS has been shown to be safe and feasible based on several recent studies. A baseline audit at our institution found the SDD rate in MIGOS to be 14%. To address this, we initiated an ERAS quality improvement (QI) project with the goal to increase the SDD rate in MIGOS >75%.

Methods Four interventions were designed to address root causes identified for failed SDD following QI diagnostics: 1) SDD as the default discharge plan, 2) 'Day Surgery' surgical booking, 3) development and implementation of an ERAS SDD order set, and 4) patient education SDD documents. A pre/post-intervention design was used (50 patients per group) and rate of SDD was measured together with patient demographics and surgical outcomes. Process and balancing measures were defined and tracked.

Results SDD in MIGOS increased from 14% to 82% after the implementation of the above interventions (OR 28, $p < 0.0001$, 95%CI 9.54–82.11). Improved SDD was achieved without negatively impacting postoperative rates of emergency department visits: 8% pre-, 4% post-intervention within 7 days (OR 0.48, $p = 0.678$, 95%CI 0.09–2.74), 12% pre-, 10% post-intervention within 30 days (OR 0.8148, $p = 1.0$, 95% CI 0.2317–2.86).

Conclusion/Implications An ERAS QI initiative resulted in a substantial increase in SDD in MIGOS, without causing negative impacts on defined balancing measures.