Human vs. ChatGPT Abstracts Project

The purpose of this survey is to study the performance of Reviewers in identifying human-written and ChatGPT-written abstract.

Data gathered regarding responders will be identified and remain anonymous. Confidentiality of their responses will also be confidential.

Participation is considered a consent to participate.

* Indicates required question

Human vs. ChatGPT Abstracts Project - General

General questions

1. Name and surname *

2. How would you rate your familiarity with artificial intelligence and its applications in medicine? *

Check all that apply.

- [ ] Not familiar at all
- [ ] Slightly familiar
- [ ] Somewhat familiar
- [ ] Very familiar
- [ ] Extremely familiar

3. What is your primary professional role in the medical field? (Please select the one that best applies) *

Check all that apply.

- [ ] Clinician
- [ ] Researcher
- [ ] Educator
- [ ] Other (please specify)
- [ ] Other: _____

4. How often do you review academic articles for journals? *

Check all that apply.

- [ ] Never
- [ ] Less than 1 a year
- [ ] 1-2 per year
- [ ] 3-5 per year
- [ ] >5 a year

5. How would you rate your proficiency in English? *

Check all that apply.

- [ ] Beginner
- [ ] Intermediate
- [ ] Advanced
- [ ] Native speaker

Human vs. ChatGPT Abstracts Project - Survey

Demographics

6. Age *

_____

7. Gender *

Mark only one oval.

- ◯ Male
- ◯ Female
- ◯ Non-Binary
- ◯ Prefer not to disclose

8. Number of PubMed publications (total) *

_____

9. Years since completion of OBGYN residency (for current Residents - please type "0") *

_____

10. Country in which majority of medical training was achieved *

_____

11. Number of publications as first/last author *

_____

12. Completed GYNONC fellowship *

Mark only one oval.

- ◯ Yes
- ◯ No

Differentiating ChatGPT- written GYNONC abstracts from human-written.

Differentiation of 20 abstracts - For each of the following abstracts, please indicate whether you believe it was written by ChatGPT or a human. Then, please grade your confidence in your choice and how difficult was your choice.

13. A01 *

Does endometriosis increase the risks of endometrial hyperplasia and endometrial cancer?

OBJECTIVE: There is uncertainty regarding the risk of developing endometrial hyperplasia after diagnosis of endometriosis. Additionally, there has not been explored the risk of endometrial cancer associated with endometriosis. This nationwide population-based study aimed to determine the associations of endometrial hyperplasia and endometrial cancer with endometriosis, after adjusting for covariates.

METHODS: This was a population-based observational study which analyzed data from the Danish Healthcare Data Network, including 410,596 women who were diagnosed with endometriosis from 2005 to 2020, with each patient matched to 30 control women without endometriosis. Cox proportional hazard regression analyses were performed to estimate the hazard ratios (HRs) of endometrial hyperplasia, endometrial cancer, and mortality from endometrial cancer.

RESULTS: Endometrial hyperplasia was diagnosed in 22,273 women of the twelve million in this population, and 22,273 women were diagnosed with endometrial cancer over 81,462,246 person-years of follow-up. Women with endometriosis were at significantly higher risks of endometrial hyperplasia (adjusted hazard ratio [aHR] 8, 95% confidence interval [CI] 3.75–12.95), and endometrial cancer (aHR 6,2, 95% CI 4.15–8.97) were compared with control women after adjustment for covariates. A diagnosis of endometriosis did not affect survival in patients with endometrial cancer.

CONCLUSION: The risks of endometrial hyperplasia and endometrial cancer were found to be significantly higher in women with than without endometriosis. Additional long-term prospective studies with adequate control of confounders are needed.

Mark only one oval.

- ChatGPT

Human

14. How confident are you in your choice for this abstract? *

Check all that apply.

- [ ] Not confident at all
- [ ] Slightly confident
- [ ] Moderately confident
- [ ] Very confident
- [ ] Extremely confident

15. How difficult did you find it to determine whether this abstract was written by ChatGPT or a human? *

Check all that apply.

- [ ] Not difficult at all
- [ ] Slightly difficult
- [ ] Moderately difficult
- [ ] Very difficult
- [ ] Extremely difficult

16. A02 *

Peritoneal carcinomatosis and port site metastases after minimally invasive surgery versus open surgery for endometrial cancer: systematic review and meta-analysis.

OBJECTIVE: To assess the incidence of peritoneal carcinomatosis and port site metastasis in patients undergoing minimally invasive vs. open surgery for early-stage endometrial cancer.

METHODS: The MEDLINE, Embase, and Cochrane Central Register of Controlled Trials, Clinical Trials were searched for articles published from inception up to April 2023. Articles published in English were considered. The included studies reported patients with International Federation of Gynecology and Obstetrics (FIGO) 2009 stage I-II endometrial cancer (including endometrioid and non-endometrioid histologies) who underwent primary surgery. Studies had to report at least one case of peritoneal carcinomatosis as a recurrence pattern, and only studies comparing recurrence after minimally invasive surgery versus open surgery were considered.

RESULTS: The initial search identified 1358 articles. Finally, 98 articles were selected for full-text evaluation; 24 articles (7626 patients) were included in the analysis—nine randomized controlled trials (3993 patients) and 15 observational retrospective studies (8678 patients). The most common histology was endometrioid in 80.9%, and the most common stage was IB in 75% of patients. Peritoneal carcinomatosis pattern represented 22.2% of recurrences in the minimally invasive surgery approach versus 8.8% in open surgery, accounting for 13.5% of all recurrences. The meta-analysis of observational studies revealed a statistically significant higher risk of peritoneal carcinomatosis after minimally invasive surgery (OR 1.90, 95% CI 1.61 to 2.45, $p<0.05$) as it was the randomized controlled trials meta-analysis (OR 1.5, 95% CI 1.05 to 1.9, $p<0.05$).

CONCLUSION: Minimally invasive surgery is associated with a statistically significant higher risk of peritoneal carcinomatosis compared to open surgery in patients with early-stage endometrial cancer.

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- Human

17. How confident are you in your choice for this abstract? *

Check all that apply.

- Not confident at all
- Slightly confident
- Moderately confident
- Very confident
- Extremely confident

18. How difficult did you find it to determine whether this abstract was written by ChatGPT or a human? *

Check all that apply.

- Not difficult at all
- Slightly difficult
- Moderately difficult
- Very difficult
- Extremely difficult

19. A03 *

Therapeutic options for clear cell ovarian carcinoma.

OBJECTIVE: Clear cell ovarian carcinoma (CCOC) is an uncommon type of epithelial ovarian cancer that poorly responds to conventional chemotherapy. Although long term survival can occur with early detection and optimal surgical resection, recurrent and advanced disease are associated with very poor survival. There are no guidelines specifically for the systemic management of recurrent CCOC. We studied data from a large cohort of women with CCOC to evaluate the various treatment regiments.

METHODS: We analysed gene copy number and DNA sequencing data (n = 220) from primary CCOC to evaluate signatures of mismatch repair deficiency and homologous recombination deficiency (HRD), and other genetic events. We also studied Immunohistochemistry data of these patients' tumors.

RESULTS: Molecular aberrations noted in CCOC that suggest a match with current targeted therapies include amplification of *ERBB2* (36.7%) and *BRAF* mutation (12%). Observed genetic events that suggest potential efficacy for agents currently in clinical trials include: *KRAS/NRAS* mutations (62%), *TP53* missense mutation (44%), *RNF43* mutation (9%), *ARID1A* mutation (12%), and *PIK3CA/PTEN* mutation (4%). Therapies exploiting HRD may not be effective in CCOC, as only 2/220 had a high HRD score. Mismatch repair deficiency was similarly rare (1/220).

CONCLUSIONS: Although genetically diverse, CCOC has several potential therapeutic targets. Importantly, the lack of response to platinum-based therapy corresponds to the lack of a genomic signature associated with HRD, and CCOC are thus also unlikely to respond to PARP inhibition.

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20. How confident are you in your choice for this abstract? *

Check all that apply.

- [ ] Not confident at all
- [ ] Slightly confident
- [ ] Moderately confident
- [ ] Very confident
- [ ] Extremely confident

21. How difficult did you find it to determine whether this abstract was written by ChatGPT or a human? *

Check all that apply.

- [ ] Not difficult at all
- [ ] Slightly difficult
- [ ] Moderately difficult
- [ ] Very difficult
- [ ] Extremely difficult

22. A04 *

A Randomized Trial of Lymphadenectomy in Patients with Advanced Endometrial Cancer.

OBJECTIVE: To assess the impact of pelvic and paraaortic lymphadenectomy as part of surgical treatment of patients with advanced endometrial cancer.

METHODS: Patients with newly diagnosed advanced endometrial cancer (International Federation of Gynecology and Obstetrics stage III to IV) who had undergone macroscopically complete resection and had normal lymph nodes both before and during surgery were randomly assigned to either undergo or not undergo lymphadenectomy. The primary end point was overall survival.

RESULTS: A total of 647 patients from 2009 to 2013, were assigned to undergo lymphadenectomy (323 patients) or not undergo lymphadenectomy (324) and were included in the analysis. Among patients who underwent lymphadenectomy, the median number of removed nodes was 47 (30 pelvic and 17 paraaortic nodes). The median overall survival was 69.2 months in the no-lymphadenectomy group and 65.5 months in the lymphadenectomy group (hazard ratio for death in the lymphadenectomy group, 1.06; 95% confidence interval [CI], 0.83 to 1.34; P=0.65), and median progression-free survival was 25.5 months in both groups (hazard ratio for progression or death in the lymphadenectomy group, 1.11; 95% CI, 0.92 to 1.34; P=0.29). Serious postoperative complications occurred more frequently in the lymphadenectomy group (e.g., incidence of repeat laparotomy, 12.4% vs. 6.5% [P=0.01]; mortality within 60 days after surgery, 3.1% vs. 0.9% [P=0.049]).

CONCLUSIONS: Systematic pelvic and paraaortic lymphadenectomy in patients with advanced endometrial cancer who had undergone intraabdominal macroscopically complete resection and had normal lymph nodes both before and during surgery was not associated with longer overall or progression-free survival than no lymphadenectomy and was associated with a higher incidence of postoperative complications.

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23. How confident are you in your choice for this abstract? *

Check all that apply.

- Not confident at all
- Slightly confident
- Moderately confident
- Very confident
- Extremely confident

24. How difficult did you find it to determine whether this abstract was written by ChatGPT or a human? *

Check all that apply.

- Not difficult at all
- Slightly difficult
- Moderately difficult
- Very difficult
- Extremely difficult

25. A05 *

Survival benefit of adjuvant pelvic radiotherapy and chemotherapy versus chemotherapy alone in stages III-IVA endometrial carcinoma.

OBJECTIVES: To determine which patients with advanced endometrial cancer (EC) may benefit from pelvic external beam radiotherapy (EBRT) in addition to chemotherapy compared to chemotherapy alone.

METHODS: Patients with EC stages III–IVA between 2010 and 2020 who underwent total hysterectomy and adjuvant multiagent chemotherapy were identified in the National Cancer Database. The primary outcome was overall survival according to receipt of pelvic EBRT. We calculated survival Kaplan-Meier curves and analyzed Cox multivariable regression.

RESULTS: In total, 13,270 patients were identified. Of those, 22.6% stage IIIA, 4.7% stage IIIB, 71.2% stage IIIC, 1.5% stage IVA), of whom 40% received pelvic EBRT. In univariable analysis, EBRT was associated with absolute 5-year survival increases of 6% ($P < .0001$). In multivariable analyses stratified by stage and histology, patients with a significant benefit from EBRT were stage IIIC and endometrioid (adjusted hazard ratio [HR] 0.73, $P = .01$) and stages IIIB and IIIC non-endometrioid (adjusted HR 0.52, $P = 0.01$ and adjusted HR 0.79, $P < .001$).

CONCLUSIONS: Stages III–IVA endometrial cancer comprised a heterogeneous population with respect to the added benefit of EBRT compared to chemotherapy alone. Patients with stage IIIC may be most likely to benefit from pelvic EBRT.

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26. How confident are you in your choice for this abstract? *

Check all that apply.

- [ ] Not confident at all
- [ ] Slightly confident
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- [ ] Very confident
- [ ] Extremely confident

27. How difficult did you find it to determine whether this abstract was written by ChatGPT or a human? *

Check all that apply.

- [ ] Not difficult at all
- [ ] Slightly difficult
- [ ] Moderately difficult
- [ ] Very difficult
- [ ] Extremely difficult

28. A06 *

A randomised controlled trial of intermittent self-catheterisation versus supra-pubic catheterisation following radical hysterectomy.

OBJECTIVE: The objective of this study was to compare the effectiveness and patient acceptability of intermittent self-catheterisation (ISC) versus supra-pubic catheterisation (SPC) in women undergoing radical hysterectomy.

METHODS: Forty women were recruited for this randomized controlled trial, with 21 assigned to the ISC group and 19 to the SPC group. The rates of positive catheter specimen of urine on day 3 and day 5 were compared between the two groups. The length of the bladder care period and patient-reported outcomes, including acceptability, ability to lead a normal life, disturbance at night, and anxiety/embarrassment, were also assessed.

RESULTS: The ISC group demonstrated significantly higher rates of positive catheter specimen of urine on day 3 (42% vs. 6%, P = 0.05) and day 5 (63% vs. 18%, P = 0.004) compared to the SPC group. There was no significant difference in the length of the bladder care period between the two groups (P = 0.63). However, significant differences were observed in patient acceptability (P = 0.004), freedom to lead a normal life (P = 0.003), disturbance at night (P = 0.006), and patient anxiety/embarrassment (P = 0.007) between the ISC and SPC groups.

CONCLUSION: In women undergoing radical hysterectomy, Patient-reported outcomes favvored intermittent self-catheterisation, with improved acceptability, ability to lead a normal life, reduced disturbance at night, and decreased anxiety/embarrassment. These findings suggest that intermittent self-catheterisation may be a preferable option for bladder management following radical hysterectomy, providing better patient experiences and satisfaction.

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29. How confident are you in your choice for this abstract? *

Check all that apply.

- [ ] Not confident at all
- [ ] Slightly confident
- [ ] Moderately confident
- [ ] Very confident
- [ ] Extremely confident

30. How difficult did you find it to determine whether this abstract was written by ChatGPT or a human? *

Check all that apply.

- [ ] Not difficult at all
- [ ] Slightly difficult
- [ ] Moderately difficult
- [ ] Very difficult
- [ ] Extremely difficult

31. A07 *

Lymph node micrometastases and oncological outcome in patients with endometrial cancer.

OBJECTIVE: To determine the relationship between lymph node micrometastases and clinical outcome in patients with endometrial cancer (EC).

METHODS: We performed a multicenter, retrospective registry-based study of 2,015 patients with EC. We compared patients with nodal micrometastases to those without. The primary outcome was disease-free survival (DFS).

RESULTS: Following implementing inclusion and exclusion criteria, a total of 428 patients with EC were included: 302 (70.6%) with node-negative (NN) EC, and 95 (22.2%) with nodal micrometastases (NM) who received adjuvant treatment, and 31 (7.2%) with NM who did not receive adjuvant treatment. The median follow-up was 67 months. In the NM group, the absence of adjuvant therapy was associated with reduced DFS as compared with the NN groupt (p <.001). With adjuvant therapy the median DFS of patients with NM was similar with those of NN patients (p = .64). In the NM group, the relative risk of events was significantly decreased by adjuvant therapy (HR 0.29, 95%CI 0.13–0.65) even after adjustment for age, myometrial invasion, and histological grade and type.

CONCLUSIONS: Nodal micrometastases are associated with decreased DFS of patients with EC. Adjuvant therapy was associated with improved DFS in these patients.

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32. How confident are you in your choice for this abstract? *

Check all that apply.

- [ ] Not confident at all
- [ ] Slightly confident
- [ ] Moderately confident
- [ ] Very confident
- [ ] Extremely confident

33. How difficult did you find it to determine whether this abstract was written by ChatGPT or a human? *

Check all that apply.

- [ ] Not difficult at all
- [ ] Slightly difficult
- [ ] Moderately difficult
- [ ] Very difficult
- [ ] Extremely difficult

34. A08 *

Preoperative CA-125 as a predictor of oncological outcomes among women with epithelial ovarian cancer.

INTRODUCTION: Preoperative CA-125 levels have been proposed as a predictor of oncological outcomes among women with epithelial ovarian cancer.

METHODS: In this retrospective case-control study, we analyzed data from 164 women diagnosed with epithelial ovarian cancer between 2017 and 2020. We divided them into high (60.4%) and low (39.6%) CA-125 groups to compare their oncological outcomes. We used the chi-square test and Mann-Whitney U test to compare the differences in the distribution of clinical characteristics between the two groups.

RESULTS: There was no significant difference in the proportion of women who underwent complete cytoreductive surgery (p=0.372) and disease-stage distribution (p=0.312) between the two groups. The high CA-125 group had a higher percentage of women with high volume ascites (60.6%) than the low CA-125 group (46.1%) (p=0.042). The median progression-free survival (PFS) was shorter in the high CA-125 group (18 months) than in the low CA-125 group (22 months) (p=0.038). The overall survival (OS) was also shorter in the high CA-125 group (22 months) than in the low CA-125 group (27 months) (p=0.014). In Cox regression analysis, high CA-125 levels, older age, and negative BRCA mutation status were independent factors associated with shorter PFS and OS.

CONCLUSIONS: Preoperative CA-125 levels can be used as a predictor of oncological outcomes in women with epithelial ovarian cancer, and may be useful in developing treatment plans for these patients. However, further studies with larger sample sizes are needed to confirm these findings and to better understand the relationship between CA-125 levels and oncological outcomes.

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35. How confident are you in your choice for this abstract? *

Check all that apply.

- [ ] Not confident at all
- [ ] Slightly confident
- [ ] Moderately confident
- [ ] Very confident
- [ ] Extremely confident

36. How difficult did you find it to determine whether this abstract was written by ChatGPT or a human? *

Check all that apply.

- [ ] Not difficult at all
- [ ] Slightly difficult
- [ ] Moderately difficult
- [ ] Very difficult
- [ ] Extremely difficult

37. A09 *

Survival benefit of adjuvant pelvic radiotherapy and chemotherapy versus chemotherapy alone in stages III-IVA endometrial carcinoma.

OBJECTIVE: This study aimed to evaluate the survival benefit of adjuvant pelvic radiotherapy (EBRT) in combination with chemotherapy compared to chemotherapy alone in patients with stages III-IVA endometrial carcinoma.

METHODS: A retrospective study. Univariable analysis was conducted to assess the association between EBRT and 5-year survival outcomes. Multivariable analyses, stratified by stage and histology, were performed to determine the patients who derived significant benefit from EBRT.

RESULTS: A total of 13,270 patients with stages IIIA, IIIB, IIIC, and IVA endometrial carcinoma were identified. Among the identified patients, 22.6% had stage IIIA, 4.7% had stage IIIB, 71.2% had stage IIIC, and 1.5% had stage IVA endometrial carcinoma. . Among them, 40% received pelvic EBRT in addition to chemotherapy. Univariable analysis revealed that EBRT was associated with a 6% absolute increase in 5-year survival (P < .0001). In the multivariable analyses stratified by stage and histology, patients with stage IIIC endometrioid carcinoma derived a significant benefit from EBRT (adjusted hazard ratio [HR] 0.73, P = .01). Additionally, patients with stages IIIB and IIIC non-endometrioid carcinoma showed significant survival benefits from EBRT (adjusted HR 0.52, P = .01 and adjusted HR 0.79, P < .001, respectively).

CONCLUSION: Patients with stage IIIC endometrioid carcinoma and stages IIIB and IIIC non-endometrioid carcinoma demonstrated significant improvements in survival outcomes with the addition of EBRT. These findings support the consideration of adjuvant pelvic radiotherapy as part of the treatment strategy for selected patients with advanced-stage endometrial carcinoma.

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38. How confident are you in your choice for this abstract? *

Check all that apply.

- [ ] Not confident at all
- [ ] Slightly confident
- [ ] Moderately confident
- [ ] Very confident
- [ ] Extremely confident

39. How difficult did you find it to determine whether this abstract was written by ChatGPT or a human? *

Check all that apply.

- [ ] Not difficult at all
- [ ] Slightly difficult
- [ ] Moderately difficult
- [ ] Very difficult
- [ ] Extremely difficult

40. A10 *

Minimally invasive surgery vs. laparotomy for radical hysterectomy in the early-stage cervical cancer: Survival outcomes.

OBJECTIVE: Radical hysterectomy is a standard treatment option for early-stage cervical cancer. The use of minimally invasive surgery (MIS) has gained popularity in recent years. This study aimed to compare survival outcomes and perioperative complications between patients undergoing MIS or laparotomy for radical hysterectomy in early-stage cervical cancer.

METHODS: A retrospective analysis was conducted. Disease-free survival rates at five years and overall survival rates were compared between the MIS and laparotomy groups using statistical analysis. Additionally, a multivariable regression analysis was performed to assess the association of MIS with oncological outcomes.

RESULTS: There were 186 cases of early-stage cervical cancer that met the inclusion criteria. Among these, 120 cases underwent MIS (83.3% robotic) and 66 cases underwent laparotomy The MIS group demonstrated a higher proportion of cases with no residual tumor in the hysterectomy specimen compared to the laparotomy group (24.8% vs. 10.1%, P = .011). Conversely, the laparotomy group had a higher proportion of positive lymph nodes (30.1% vs. 20.1%, P = .036). There was no statistically significant difference in five-year disease-free survival rates between the MIS and laparotomy groups (85.0% vs. 86.6%, P = .95). Similarly, five-year overall survival rates did not significantly differ (90.5% in the MIS group and 85.4% in the laparotomy group, P = .35). Multivariable regression analysis did not reveal an association between MIS and oncological outcomes. However, the rate of perioperative major complications was significantly lower in the MIS group compared to the laparotomy group (8.0% vs. 20.3%, P < .001).

CONCLUSION: In this study comparing MIS and laparotomy for radical hysterectomy in early-stage cervical cancer, no significant differences were observed in disease-free survival rates or overall survival rates between the two groups.

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- Human

41. How confident are you in your choice for this abstract? *

Check all that apply.

- Not confident at all
- Slightly confident
- Moderately confident
- Very confident
- Extremely confident

42. How difficult did you find it to determine whether this abstract was written by ChatGPT or a human? *

Check all that apply.

- Not difficult at all
- Slightly difficult
- Moderately difficult
- Very difficult
- Extremely difficult

43. A11 *

A prospective study of sentinel lymph node mapping in high-risk endometrial cancer.

OBJECTIVE: Sentinel lymph node (SLN) mapping is now considered the standard of care in surgical staging of endometrial cancer (EC). The purpose of this study was to identify the accuracy performance of SLN compared to complete lymph node dissection (LND) in women with high-risk EC.

METHODS: Women with high-risk EC (endometroid grade 3, serous, clear cell, carcinosarcoma) were prospectively. All patients underwent preoperative imaging and intraoperative SLN biopsy followed by LND. We included only ppatients in whom SLN was attempted and complete LND was performed.

RESULTS: 218 patients were enrolled between 2018-2020. Indocyanine green was used in 70% and blue dye in 30%. Overall, 32 patients (14.6%) had ≥1 positive lymph node in final pathology. Among those 22/32 (69%), ≥1 SLN was identified and in 22/22 (100%) the SLN was positive. Overall, sensitivity of SLN was 95%, false negative rate was 5%.

CONCLUSION: Our results show that SLN biopsy followed by LND, when SLN is not detected, is an efficient alternative to a complete LND in high-risk endometrial cancer.

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44. How confident are you in your choice for this abstract? *

Check all that apply.

- [ ] Not confident at all
- [ ] Slightly confident
- [ ] Moderately confident
- [ ] Very confident
- [ ] Extremely confident

45. How difficult did you find it to determine whether this abstract was written by ChatGPT or a human? *

Check all that apply.

- [ ] Not difficult at all
- [ ] Slightly difficult
- [ ] Moderately difficult
- [ ] Very difficult
- [ ] Extremely difficult

46. A12 *

Lymph node micrometastases and oncological outcome in patients with endometrial cancer.

OBJECTIVE: To evaluate the impact of nodal micrometastases (NM) on oncological outcomes in patients with endometrial cancer (EC) and assess the effectiveness of adjuvant treatment in this subgroup.

METHODS: A retrospective study analyzing disease-free survival (DFS). We compared between the NM group with and without adjuvant therapy and the NN group. Additionally, the relative risk of events was assessed after adjusting for age, myometrial invasion, histological grade, and type.

RESULTS: A total of 428 patients with EC were included in this study after implementing strict inclusion and exclusion criteria. Among them, 302 patients (70.6%) had node-negative EC (NN), 95 patients (22.2%) had NM and received adjuvant treatment, and 31 patients (7.2%) had NM but did not receive adjuvant treatment. The median follow-up period was 67 months. In the NM group, patients who did not receive adjuvant therapy had a significantly reduced DFS compared to the NN group ($p < .001$). However, when adjuvant therapy was administered, the median DFS of patients with NM was similar to that of NN patients ($p = .64$). In the NM group, adjuvant therapy significantly decreased the relative risk of events (HR 0.29, 95% CI 0.13–0.65) even after adjusting for age, myometrial invasion, histological grade, and type.

CONCLUSION: This study highlights the prognostic significance of nodal micrometastases in patients with endometrial cancer. Adjuvant therapy plays a crucial role in improving disease-free survival outcomes in patients with NM, aligning their outcomes with those of node-negative patients.

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47. How confident are you in your choice for this abstract? *

Check all that apply.

- [ ] Not confident at all
- [ ] Slightly confident
- [ ] Moderately confident
- [ ] Very confident
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48. How difficult did you find it to determine whether this abstract was written by ChatGPT or a human? *

Check all that apply.

- [ ] Not difficult at all
- [ ] Slightly difficult
- [ ] Moderately difficult
- [ ] Very difficult
- [ ] Extremely difficult

49. A13 *

Peritoneal carcinomatosis and port site metastases after minimally invasive surgery versus open surgery for endometrial cancer: systematic review and meta-analysis.

OBJECTIVE: To compare the risk of peritoneal carcinomatosis and port site metastases in patients with endometrial cancer who underwent minimally invasive surgery versus open surgery.

METHODS: A systematic review and meta-analysis were conducted by searching the MEDLINE, Embase, and Cochrane Central Register of Controlled Trials databases from inception up to April 2023. Only studies reporting at least one case of peritoneal carcinomatosis as a recurrence pattern and comparing recurrence after minimally invasive surgery versus open surgery in patients with stage I-II endometrial cancer were considered.

RESULTS: Of the 1358 articles initially identified, 98 articles were selected for full-text evaluation and 24 articles (7626 patients) were included in the analysis, consisting of nine randomized controlled trials (3993 patients) and 15 observational retrospective studies (8678 patients). The meta-analysis revealed a statistically significant higher risk of peritoneal carcinomatosis after minimally invasive surgery (OR 1.90, 95% CI 1.61 to 2.45, $p<0.05$) in both the observational and randomized controlled trials.

CONCLUSION: The present meta-analysis found that patients who underwent minimally invasive surgery for endometrial cancer had a higher risk of peritoneal carcinomatosis compared to those who underwent open surgery. Clinicians should carefully consider the risks and benefits of each approach when choosing a surgical strategy for their patients with endometrial cancer.

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50. How confident are you in your choice for this abstract? *

Check all that apply.

- [ ] Not confident at all
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- [ ] Very confident
- [ ] Extremely confident

51. How difficult did you find it to determine whether this abstract was written by ChatGPT or a human? *

Check all that apply.

- [ ] Not difficult at all
- [ ] Slightly difficult
- [ ] Moderately difficult
- [ ] Very difficult
- [ ] Extremely difficult

52. A14 *

A Randomized Trial of Lymphadenectomy in Patients with Advanced Endometrial Cancer.

OBJECTIVES: The objective of this study was to evaluate the efficacy and safety of lymphadenectomy in patients with advanced endometrial cancer.

METHODS: In this randomized controlled trial, a total of 647 patients were assigned to either undergo lymphadenectomy (n=323) or not undergo lymphadenectomy (n=324). The median overall survival and median progression-free survival were compared between the two groups. Serious postoperative complications were also evaluated.

RESULTS: The median overall survival was not significantly different between the no-lymphadenectomy group and the lymphadenectomy group (69.2 vs 65.5 months, respectively; P=0.65). Median progression-free survival was similar in both groups (25.5 months; P=0.29). However, serious postoperative complications were more common in the lymphadenectomy group, including a higher incidence of repeat laparotomy and mortality within 60 days after surgery.

CONCLUSION: Our study suggests that lymphadenectomy may not improve overall and progression-free survival in patients with advanced endometrial cancer. Furthermore, lymphadenectomy may increase the risk of serious postoperative complications. Therefore, the routine use of lymphadenectomy in these patients may not be justified.

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53. How confident are you in your choice for this abstract? *

Check all that apply.

- [ ] Not confident at all
- [ ] Slightly confident
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- [ ] Very confident
- [ ] Extremely confident

54. How difficult did you find it to determine whether this abstract was written by ChatGPT or a human? *

Check all that apply.

- [ ] Not difficult at all
- [ ] Slightly difficult
- [ ] Moderately difficult
- [ ] Very difficult
- [ ] Extremely difficult

55. A15 *

Minimally invasive surgery vs. Laparotomy for radical hysterectomy in the early-stage cervical cancer: survival outcomes.

OBJECTIVE: To compare perioperative and oncologic outcomes in patients who underwent minimally invasive surgery (MIS) to those who underwent laparotomy for early-stage cervical carcinoma.

METHODS: We retrospectively identified patients who underwent radical hysterectomy for stage ia1, ia2, or ib1 cervical carcinoma at a single center from 1/2010–12/2020. Clinicopathologic characteristics, surgical and oncologic outcomes were compared. Multivariable cox regression analysis was used to control for potential confounders.

RESULTS: We identified 186 cases meeting inclusion criteria —120 MIS (100 robotic [83.3%]) and 66 laparotomy cases. Groups were comparable in age, bmi, stage, histologic subtype, tumor size, and positive margins. The MIS group had more cases with no residual tumor in the hysterectomy (24.8% vs. 10.1%, p = .011). The laparotomy group had higher proportion of positive nodes (30.1% vs. 20.1%, p = .036). Median follow-up was 50 months. Five-year disease-free survival rates were 85.0% in the MIS group and 86.6% in the laparotomy group (p = .95. 5-year overall survival rates were 90.5% and 85.4%, respectively (p = .35). MIS was not associated oncological outcomes in a multivariable regression analysis. The rate of perioperative major complications was significantly lower in the MIS cohort (8.0% vs. 20.3%; p <.001).

CONCLUSIONS: MIS radical hysterectomy for cervical carcinoma did not herm oncologic outcomes in our series of patients with early-stage cervical carcinoma.

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56. How confident are you in your choice for this abstract? *

Check all that apply.

- [ ] Not confident at all
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- [ ] Extremely confident

57. How difficult did you find it to determine whether this abstract was written by ChatGPT or a human? *

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- [ ] Not difficult at all
- [ ] Slightly difficult
- [ ] Moderately difficult
- [ ] Very difficult
- [ ] Extremely difficult

58. A16 *

Preoperative CA-125 as a predictor of oncological outcomes among women with epithelial ovarian cancer.

INTRODUCTION: CA-125 is the most used biomarker for diagnosis of ovarian carcinoma (OC) and for identifying disease recurrence. However, its prognostic value is still debated. We aim of our study the correlation between preoperative serum CA 125 and oncological outcome among patients with OC.

METHODS: A retrospective case-control study of women with epithelial OC treated at a single center during 2017-2020. We included only primary cytoreductive surgery cases. We compared oncological outcomes of women with preoperative CA-125 ≤500 U/ml to those with preoperative CA-125 > 500 U/ml. Progression free survival (PFS) and overall survival (OS) were assessed by Kaplan-Meier curves and log rank tests.

RESULTS: Overall, 164 women met inclusion criteria with a median follow up time of 53 months (interquartile range 10-102). There were 99 (60.4%) women in the high CA-125 group and 65 (39.6%) in the low CA-125 group. There was no difference between the proportion of women with complete cytoreductive surgery and disease-stage distribution ($p<0.05$ for both). Women with high CA-125 had higher rate of ascites >500 mL (60.6% vs. 46.1%, p=0.007). Women with high CA-125 had shorter PFS (median 18 months vs. 22 months, log rank test p=0.02) and shorter OS (median 27 months vs. 22 months, log rank test p=0.008). In a cox regression mode, high CA-125, older age and negative BRCA mutation status were the only independent factors associated with short PFS and OS.

CONCLUSION: Preoperative CA-125 has an independent predictive ability for oncological outcomes among women with epithelial OC undergoing primary cytoreductive surgery.

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59. How confident are you in your choice for this abstract? *

Check all that apply.

- [ ] Not confident at all
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- [ ] Very confident
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60. How difficult did you find it to determine whether this abstract was written by ChatGPT or a human? *

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- [ ] Moderately difficult
- [ ] Very difficult
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61. A17 *

A prospective study of sentinel lymph node mapping in high-risk endometrial cancer.

OBJECTIVE: The objective of this prospective study was to evaluate the use of sentinel lymph node (SLN) mapping in high-risk endometrial cancer patients.

METHODS: Between 2018 and 2020, 218 patients with high-risk endometrial cancer were enrolled in the study. Indocyanine green was used in 70% of patients and blue dye in 30% to identify SLNs. Final pathology reports were reviewed to determine the number of positive lymph nodes. The sensitivity and false negative rate of SLN mapping were calculated.

RESULTS: Of the 218 patients, 32 (14.6%) had at least one positive lymph node on final pathology. Of those 32 patients, 22 (69%) had at least one SLN identified, and in all 22 cases (100%), the SLN was positive. The overall sensitivity of SLN mapping was 95%, and the false negative rate was 5%.

CONCLUSIONS: SLN mapping using a combination of indocyanine green and blue dye in high-risk endometrial cancer patients is a sensitive and reliable method for detecting lymph node involvement. This technique can aid in determining the extent of lymph node dissection needed and may help avoid unnecessary lymphadenectomy in patients with negative SLN.

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62. How confident are you in your choice for this abstract? *

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63. How difficult did you find it to determine whether this abstract was written by ChatGPT or a human? *

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64. A18 *

Does endometriosis increase the risks of endometrial hyperplasia and endometrial cancer?

OBJECTIVE: To determine whether endometriosis increases the risks of endometrial hyperplasia and endometrial cancer.

METHODS: We conducted a population-based observational study using data from the Danish Healthcare Data Network. We identified 410,596 women who were diagnosed with endometriosis from 2005 to 2020, and each patient was matched to 30 control women without endometriosis. We then analyzed the incidence of endometrial hyperplasia and endometrial cancer in both groups.

RESULTS: We found that endometrial hyperplasia was diagnosed in 22,273 women out of the twelve million women in the population, and 22,273 women were diagnosed with endometrial cancer over 81,462,246 person-years of follow-up. Women with endometriosis had a significantly higher risk of developing endometrial hyperplasia (adjusted hazard ratio [aHR] 8, 95% confidence interval [CI] 3.75–12.95) and endometrial cancer (aHR 6.2, 95% CI 4.15–8.97) compared to control women after adjusting for covariates. However, a diagnosis of endometriosis did not affect the survival of patients with endometrial cancer.

CONCLUSIONS: Our study provides evidence that endometriosis increases the risks of developing endometrial hyperplasia and endometrial cancer. These findings emphasize the importance of close monitoring of women with endometriosis for the development of these conditions. Further research is needed to explore the underlying mechanisms linking endometriosis and endometrial cancer.

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65. How confident are you in your choice for this abstract? *

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66. How difficult did you find it to determine whether this abstract was written by ChatGPT or a human? *

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67. A19 *

Therapeutic options for clear cell ovarian carcinoma

OBJECTIVE: Clear cell ovarian carcinoma (CCOC) is a distinct histological subtype of ovarian cancer associated with unique molecular characteristics. Understanding the molecular aberrations in CCOC can provide valuable insights into potential therapeutic options. We aimed to analyze tumor samples from CCOC patients to identify actionable genetic events and evaluate the suitability of current targeted therapies.

METHODS: Tumor samples from 220 CCOC patients were subjected to genetic sequencing analysis. The frequencies of specific molecular aberrations were determined, and their potential relevance to existing targeted therapies and clinical trials was assessed. Additionally, the presence of homologous recombination deficiency (HRD) and mismatch repair deficiency (MMR) was evaluated to ascertain the applicability of therapies exploiting these mechanisms.

RESULTS: The analysis revealed several notable genetic events in CCOC that suggest potential matches with currently available targeted therapies. Amplification of ERBB2 was observed in 36.7% of cases, while BRAF mutation was present in 12% of cases. Additionally, frequently observed genetic events associated with potential efficacy for agents currently in clinical trials included KRAS/NRAS mutations (62%), TP53 missense mutation (44%), RNF43 mutation (9%), ARID1A mutation (12%), and PIK3CA/PTEN mutation (4%).

In contrast, therapies exploiting HRD may not be effective in CCOC, as only 2 out of 220 cases exhibited a high HRD score. Similarly, MMR deficiency was rare, observed in only 1 out of 220 cases.

CONCLUSION: This retrospective genetic sequencing study of CCOC tumor samples provides insights into potential therapeutic options for this distinct ovarian cancer subtype. The findings suggest that targeted therapies directed against specific molecular aberrations, such as ERBB2 amplification and BRAF mutation, could be explored. However, the limited presence of HRD and MMR

deficiency indicates that therapies exploiting these mechanisms may not be suitable for CCOC.

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68. How confident are you in your choice for this abstract? *

Check all that apply.

- ☐ Not confident at all
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- ☐ Very confident
- ☐ Extremely confident

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- ☐ Slightly difficult
- ☐ Moderately difficult
- ☐ Very difficult
- ☐ Extremely difficult

70. A20 *

A randomised controlled trial of intermittent self-catheterisation versus supra-pubic catheterisation following radical hysterectomy

OBJECTIVE*:* To determine the potential benefits of ISC (intermittent self-catheterisation) over SPC (supra-pubic catheterisation) in the post-operative bladder care of patietns following radical hysterectomy for cervical cancer.

METHODS*:* A prospective randomised controlled trial of patients treated by radical hysterectomy for early-stage cervical cancer. We used validated questionnaire of bladder symptoms and quality of life.

RESULTS*:* 40 women were recruited to the study, 21 to ISC and 19 to SPC. The day 3 and day 5 positive catheter specimen of urine rate was significantly higher in the ISC group (42% and 63%) compared to the SPC group (6% and 18%), *P* = 0.05 and *P* = .004, respectively). There was no significant difference in length of period for bladder care between the two groups, *P* = .63. There were significant differences in patient acceptability (*P* = .004), freedom to lead a normal life (*P* = .003), disturbance at night (*P* = .006) and patient anxiety/embarrassment (*P* = .007) between the two groups.

CONCLUSIONS*:* Patients are able to learn the technique of ISC without difficulty. The technique of ISC was seen to be more acceptable to patients allowing fewer disturbances at night, greater freedom to lead a normal life during the day and less anxiety/embarrassment compared to SPC.

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71. How difficult did you find it to determine whether this abstract was written by ChatGPT or a human? *

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72. How confident are you in your choice for this abstract? *

Check all that apply.

- [ ] Not confident at all
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- [ ] Moderately confident
- [ ] Very confident
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Open questions

This section is optional

73. What were your overall impressions of this task? Did any patterns or trends stand out to you?

74. What factors or clues did you use to determine whether each abstract was written by ChatGPT or a human?

75. Do you have any suggestions for how this task could be improved in the future?