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Objective: Costs related to cancer care negatively affect patients physically and psychologically. This is called financial toxicity (FT). To quantify FT, the “COMprehensive Score for financial Toxicity (COST)” tool has been developed in the United States. The COST tool consists of 11 items as patient-reported outcomes. Our objective is to validate the COST tool for patients with ovarian, cervical, and endometrial cancer. Additionally, we aim to assess reproducibility, which explains consistent scores over time by test-retest reliability.

Methods: In this multi-center study, patients were eligible for enrollment if they had ovarian, cervical or endometrial cancer; were receiving anti-cancer drug treatment for at least 2 months, and had out-of-pocket expenses for treatment at a hospital. Patients answered the COST tool twice and sent the responses to the data center by mail. Internal validity was examined by Cronbach's alpha at the first responses. Test-retest reliability was assessed by intra-class correlation coefficient (ICC).

Results: From April 2019 through July 2021, a total of 112 patients (ovarian cancer: 50, cervical cancer: 26, and endometrial cancer: 36) answered the initial COST questionnaire and 99 patients answered the re-test. Median age was 58 years (range: 28–78 years). Mean COST score was 19.82 (SD=7.28). Cronbach's alpha was 0.83 (95% confidence interval [CI]=0.78–0.87). ICC was 0.85 (95% CI=0.77–0.90).

Conclusion: The COST tool demonstrated good internal consistency and reproducibility among patients with gynecologic cancers. The results strengthen the evidence quality of FT researches using the COST tool in gynecologic cancers.

Poster (M08)

Gynecologic Cancer Screening

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Association of cervicitis resulting from lower genital tract infections with oncogenic human papillomavirus and Pap smear abnormalities among Indian women

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Objective: To investigate the relationship between cervicitis with oncogenic Human papillomavirus, Bacterial vaginosis and epithelial cell abnormalities.

Methods: Total 508 women; 254 women with established diagnosis of cervicitis (case arm) and 254 asymptomatic women with healthy cervix (control arm) attending the tertiary cancer hospital for cervical cancer screening were enrolled in the study. Gram-stained smears for diagnosing lower genital reproductive tract infections (RTIs), Hybrid Capture-2 (HC2) test to diagnose oncogenic human papillomavirus (HPV) infection and Pap smears to demonstrate epithelial cell abnormalities (EP) were performed for all women enrolled in the study.

Results: Study findings demonstrated the prevalence of bacterial vaginosis (BV), HPV infection and EP to be significantly higher among women in case arm (BV=44.09%; EP=18.47%; and HPV=14.17%) than control arm (BV=3.95%; EP=4.82%; and HPV=5.12%). Case arm demonstrated increased risk for BV (odds ratio [OR]=19; 95% confidence interval [CI]=9.63–37.49), HPV (OR=3.06; 95% CI=1.58–5.92), and EP (OR=4.47; 95% CI=2.30–8.68).

Conclusion: Current study addresses the gaps in literature about the prevalence of HPV infection among Indian women with cervicitis. Our results demonstrate cervical inflammation to be significantly associated with increased risk of harboring HPV and EP. This results enforce the need of strengthening the RTI programs at national level in an attempt to reduce the burden of cervical cancer. Emerging trends of association of BV with cervicitis also warrant the treatment of BV in addition to treatment of recognized pathogens for cervicitis i.e., Gonococcal and Chlamydia infections as a part of syndromic management for women with cervicitis.

Poster (M09)

Miscellaneous

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Comparison between International Ovarian Tumor Analysis (IOTA)—simple rules and risk malignancy indices in differentiating benign and malignant adnexal masses—prospective comparative study

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Objective: To compare the sensitivity, specificity, and the

positive and negative predictive values of International Ovarian Tumor Analysis (IOTA)—simple rules and risk of malignancy index (RMI) classification in differentiating benign and malignant adnexal masses.

Methods: This is a prospective comparative study performed in the Department of Obstetrics and Gynaecology at All India Institute of Medical Sciences, Jodhpur over 2 years from 2018 to 2020. Women with adnexal masses in the reproductive and postmenopausal age group, planned for surgery were included in the study. Those with known malignancies or already receiving treatment were excluded. A complete clinical assessment, cancer antigen 125, and ultrasound scans were done along with other tumor markers and radiological investigations as per patient profile and consultant discretion. The findings were then classified as benign or malignant as per the IOTA simple rules. The RMI-2 score was also calculated for the same with a cut-off of 200 for benign masses. The results obtained were compared with the histopathology report obtained postoperatively.

Results: This study included 174 patients in total. IOTA—simple rules had an overall sensitivity of 96.67%, specificity of 92.36%, positive predictive value (PPV) of 72.5%, negative predictive value (NPV) of 99.25%. The scores were higher if indeterminate cases were excluded. RMI-2 had a sensitivity of 80%, specificity of 82.64%, PPV of 48.98% and 95.20% was NPV. Both of these scoring systems were then compared with each other and it concluded that IOTA simple rules have a higher sensitivity, specificity as compared to RMI. With an accuracy of 93.1%. The cost-effectiveness of IOTA- simple rules makes it an efficient outpatient department (OPD) procedure of classifying adnexal masses.

Conclusion: We can conclude that IOTA-simple rules, can be used as an effective screening criterion for differentiating adnexal masses into benign and malignant on an OPD basis.

Poster (M10)
Miscellaneous

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Perception of gynaecologic cancer patients undergoing surgical management at a tertiary care center during COVID-19 pandemic: a descriptive study

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Objective: Coronavirus disease 2019 (COVID-19) pandemic

led to a major transformation of healthcare services across the globe regardless of economic status. Less is known about the perspective of oncology patients who underwent a major surgical procedure during this challenging period when protocols were being implemented.

Methods: We conducted a questionnaire-based survey on patients who underwent surgical procedure for a gynaecologic malignancy at All India Institute of Medical Sciences, New Delhi between March 2020-December 2020. The survey was carried out telephonically after verbal consent to assess their perspective regarding medical care during pandemic.

Results: Median age of 88 patients was 56 years (range, 18–74 years). Most common sites were ovary (n=62, 70%) followed by endometrium (n=21, 24%). Only 38 (43%) participants were fully aware of COVID-19 (cause/spread/symptoms/outcome) whereas 67 (76%) participants felt scared of suffering from cancer if did not get timely surgical management. Out of all patients, 38 (43%) felt comfortable in hospital visits, 36 (41%) knew that cancer could make them more susceptible to COVID-19 and 64 (73%) faced no delay in surgical management. Only half (n=42, 48%) of respondents felt comfortable in telephonic and video consultations. Majority (83%) of the patients and attendants followed all measures to decrease risk however 10 (11%) respondents contacted COVID-19 during hospital stay.

Conclusion: Cancer patients in our country are more worried about disease progression than severe acute respiratory syndrome-coronavirus-2. Awareness about COVID-19 is not satisfactory however most follow COVID appropriate behavior to decrease transmission risk. A majority did not feel any delay in their surgical management.

Poster (M11)

Preinvasive Disease of Cervix, Vulva, and Vagina
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Endocervicospscopy for evaluation of transformation zone in cases of incompletecopolposcopy

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Objective: To evaluate the role of endocervicospscopy for visualization of transformation zone (TZ) in incomplete colposcopy.

Methods: This descriptive analytical study was carried out between October 2019 and March 2021 (18 months) after obtaining ethics committee approval. A total of 92 women were recruited in the study after obtaining a written informed consent. All screen positive women and those having unhealthy looking cervix on colposcopy