f/b chemotherapy post-excision.

Conclusion: It is important to consider ovarian cancer in the differential diagnosis for inguinal lymphadenopathy in a female patient. The optimal treatment for these isolated recurrences is unknown. Larger studies are necessary to identify prognostic factors and substantiate apt treatment strategies specifically to this unusual rare clinical condition.

Poster (M14)

Gynecologic Cancer Screening

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Predictive value of 'Smartscore' for detection of preinvasive cervical lesions during COVID-19 pandemic: a diagnostic study

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Objective: To evaluate the predictive value of 'Smartscore' using a snapshot from a smartphone to diagnose preinvasive cervical lesions in patients with abnormal cervical screening.

Methods: This study was a diagnostic study. Women with abnormal cervical cancer screening were enrolled at colposcopy clinic in Srinagarind Hospital, Khon Kaen University between September 2020 and March 2021. The cervix was evaluated by using a smartphone and colposcopy by two independent colposcopists. Colposcopy with cervical biopsies and endocervical curettage were performed as standard procedures. The diagnostic performance of the smartphone for cervical intraepithelial neoplasm was assessed. The kappa value was tested to evaluate the correlation of two colposcopists.

Results: Two hundred seventy-four patients with abnormal cervical screening were enrolled. There was a significant correlation between histologic diagnoses based on the smartphone and colposcopic findings ($K=0.88$, 95% confidence interval [CI]=0.82–0.93). The AUC value, sensitivity, specificity, positive predictive value, negative predictive value, and accuracy of the smartscore to detect CIN1+ were 0.54 (95% CI=0.51–0.57), 96.6% (95% CI=91.6–99.1), 12.9% (95% CI=8.06–19.2), 46.2% (95% CI=39.7–52.4), 83.3% (95% CI=62.6–95.3), 0.49% (95% CI=0.43–0.55) respectively. The AUC, sensitivity, specificity, positive predictive value, negative predictive value, and accuracy of the smartphone in the diagnosis of CIN2+ were 0.765 (95% CI=0.704–0.826), 67.6% (95% CI=55.2–78.5), 85.4% (95% CI=79.9–90), 60.5% (95%

CI=48.6–71.6), 88.9% (95% CI=83.7–92.9), 0.81 (95% CI=0.75–0.85) respectively.

Conclusion: Smartscore has a remarkable correlation with colposcopy and high predictive value to detect preinvasive cervical lesions. Therefore, smartscore demonstrated usefulness as an alternative cervical cancer screening tool in low resource medical setting and had made telemedicine an essential social distancing during covid-19 pandemic.

Poster (M15)

Miscellaneous

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Course and pattern of venous thromboembolism in ovarian cancer patients

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Objective: Malignancy has been described as a risk factor for venous thromboembolism (VTE) which is shown to significantly affect mortality and morbidity. The objective of this study was to identify the incidence and the course-pattern of VTE in ovarian cancer patients.

Methods: Retrospectively reviewing medical records, from January 2005 to December 2009, of 993 ovarian cancer patients who were diagnosed with the first episode of VTE in the Department of Obstetrics and Gynecology, Siriraj Hospital. Thromboembolic events were confirmed with imaging studies which include duplex-doppler sonography or other radiologic procedures. Data analysis was performed to evaluate the cumulative incidence and course-patterns of thromboembolic events.

Results: A total of 46 ovarian cancer patients were diagnosed of VTE, the mean age was 54.5 years old (range, 33–82). The 5-year-cumulative incidence is 4.63%. VTE occurred 77% in the lower limbs (common femoral and popliteal veins) and more prevalence on the left side, 15% in the pelvis, and 17% in the pulmonary vein. Time-courses (mean + standard deviation) between diagnosis of ovarian cancer and VTE event were 4.2+5.1, 4.8+4.2, and 48.3+56.6 weeks before ovarian cancer diagnosis, during ovarian cancer treatment, and after treatment or proceeding recurrence disease respectively. Two of symptomatic pulmonary embolism cases were fatal after surgery.

Conclusion: The 5 year-cumulative incidence of VTE in ovarian cancer patients is 4.63%. Symptomatic pulmonary embolism had been identified to have a negative impact on survival. Awareness of VTE should be considered during the course treatment of ovarian cancer patient.