

The rate of empty packets appeared to stabilize after approximately 30 procedures.

Conclusions: The odds of a SLN dissection without a lymph node identified on pathological analysis postoperatively decreases with increasing number of procedures performed. This phenomenon appears to stabilize after 30 procedures, suggesting the completion of a learning curve period.

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Abstract #6

Prevalence and predictors of HIV screening in invasive cervical cancer, an AIDS-defining illness: A 10-year retrospective cohort study

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Objectives: Invasive cervical carcinoma (ICC) is associated with an HIV prevalence of >0.1%. Opt-out HIV screening is recommended and cost-effective for cancer populations exceeding this threshold. HIV status is also prognostic for cancer-specific survival, but compliance with HIV screening is poor in the US and abroad. In order to determine the need for a quality improvement intervention in our Gynecologic Oncology (GO) Division, the current state of HIV testing was assessed.

Methods: Women treated for ICC of any stage between 2007 and 2017 at two institutions were identified by cancer registry. Women with incomplete data for age, race, ethnicity, payer, histology, stage, pregnancy, and HIV testing status, or with lack of a newly diagnosed ICC or GO evaluation were excluded. Multivariate logistical regression was performed to assess predictors of completed HIV screening.

Results: Of 1184 patients identified, 354 were eligible. All exclusions resulted from incomplete data. No patients had a diagnosis of pre-existing HIV. HIV screening was completed within 30 days of GO evaluation, either as a documented event or a laboratory finding, for newly diagnosed ICC in 26/354 (7.3%) women. HIV screening was documented within the preceding 12 months in 9/354 (2.5%) non-pregnant women, while an additional 1/354 (0.3%) had screening associated with pregnancy antecedent to her diagnosis. On multivariate analysis, race, ethnicity, histology, and payer status were not associated with screening. Every 5-year increase in age was associated with a lower chance of screening (OR 0.87, 95%CI 0.76 – 0.99, $p=0.037$), as was earlier stage at diagnosis (OR 0.38, 95%CI 0.18–0.78, $p=0.009$). Active pregnancy at the time of cancer diagnosis was predictive of screening (OR 9.3, 95%CI 1.3 – 68.1, $p=0.028$).

Conclusions: Despite CDC recommendations for HIV screening in AIDS-defining cancers, compliance remains poor. In our centers, earlier age, advanced stage and active pregnancy at diagnosis were predictive of greater compliance with screening. These data will inform a tailored intervention to improve compliance with HIV screening in our population.

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Abstract #7

Optimization of acute healthcare resource utilization using cervical cancer care navigation

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Objectives: During the treatment of advanced cervical cancer with primary chemoradiation (pCRT) unplanned health care needs often arise due to treatment side effects or acute medical complications. In safety net hospitals with limited resources, these issues are addressed in the emergency department (ED) or urgent care (UC)

setting which can be unnecessarily taxing on the health care system and the patient. The aim of this study is to investigate the impact of cervical cancer care navigation on resource utilization to meet acute episodic care needs of patients with cervical cancer undergoing pCRT.

Methods: A decision tree analysis was performed to compare resource utilization associated with acute episodic care needs of patients with cervical cancer undergoing pCRT whose care was provided through a cervical cancer care navigation program (CCNP). Data for the navigated cohort were abstracted from a prospectively collected CCNP database at a tertiary care, public, safety net hospital. Acute episodic care needs were defined as any health care needs requiring an unscheduled care encounter, including genitourinary symptoms, prescription refills, acute pain or suspected infections. A theoretical un-navigated comparison cohort was constructed using published data on health care utilization and practice patterns at our institution. Costs were identified from the institution's chargemaster.

Results: Fifty navigated cervical cancer patients required 123 encounters to meet acute episodic care needs that arose during pCRT. Cancer care navigation aided in the initial triage of 82% of these encounters which were then routed to non face to face encounters (36%), overbooked clinic visits (16%), infusion center visits (10%), UCvisits (2%), direct hospital admissions (8%) and ED visits (10%). The total cost associated with acute episodic care needs of the navigated patient cohort \$352,839. In the non-navigated model cohort, 85% of these encounters occur in the emergency department or an urgent care setting increasing the cost to \$493,264. With the cost of navigation being \$709 per patient, the cost savings for navigation is \$140,424 or 28%. Sensitivity analysis revealed a sustained 5% cost savings with CCNP if all patients in the comparison cohort went to UC and 34% savings if all went to ED.

Conclusions: Cervical cancer care navigation provides improved health care resource utilization while allowing patients to be cared for at the most cost effective venue within their respective health care system.

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Abstract #8

HPV knowledge and child vaccination rates among mothers with a personal history of gynecologic cancer

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Objectives: Vaccination against certain HPV subtypes has been available for over a decade. Research supports that vaccination prevents HPV infection and subsequent cervical cancer. Nevertheless, vaccination rates remain low. Prior studies have assessed HPV vaccination rates and knowledge acquisition among different populations. However, to date no studies have investigated the relationship between maternal gynecologic cancer history and HPV vaccination rates for their children. We aimed to determine if maternal HPV vaccination knowledge, rates of provider counseling, and rates of child vaccination differed between women with and without a personal history of gynecologic cancer.

Methods: A web based anonymous survey was administered to all members of the research registry "Research for Her™" with at least one child. Women with children born before 1980 or after 2010 were excluded. Baseline knowledge of HPV was assessed via a multiple-choice questionnaire addressing topics such as HPV transmission, vaccination criteria, and HPV-associated malignancies.

Results: One hundred and forty women completed the survey. Ninety-nine women (71%) met inclusion criteria. Thirty-four women had a personal history of gynecologic cancer (uterine, ovarian, cervical or breast), and 65 had no cancer history. Vaccination rates were lower in