

the children of women with a personal history of gynecologic cancer when compared to children of women without cancer (29% vs 45%, $p=0.044$). Rates of physician counseling were similar for both groups (59% vs 52%). Women who were counseled by physicians were more likely to vaccinate their children against HPV than women who received no provider counseling (43% vs 7% in women with a gynecologic cancer history, $p=0.001$, and 58% vs 24% in women without a cancer history, $p=0.0004$). Baseline knowledge regarding HPV infection was similar in both groups.

Conclusions: In this cohort of patients, women with a personal history of gynecologic cancer vaccinated their children less often than mothers without a history of cancer, despite having similar baseline HPV knowledge and rates of provider counseling. In this study, rates of provider counseling were low. However, when counseling was completed, mothers were significantly more likely to vaccinate their children. Interventions to promote effective HPV counseling, and studies to assess the additional factors contributing to low HPV vaccination rates in this population are needed.

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Abstract #9

Disparities in performance of lymph node dissection for women with early stage cervical cancer in Louisiana

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Objectives: Racial and socioeconomic disparities in the delivery of cervical cancer (CC) care have been well established. Current guidelines recommend lymph node dissection (LND) as part of the primary surgical treatment of stage IA to IB CC, with the exception of IA1 without LVI. LND is also a consideration when imaging prior to radiation reveals bulky lymphadenopathy. The goal of this study was to evaluate whether age, race or socioeconomic status was associated with disparities in the performance of LND for women with Stage IA and IB CC in Louisiana.

Methods: 399 women diagnosed with stage IA and IB CC between 2010-2014 from the Louisiana Tumor Registry were analyzed by patient age at diagnosis, race, and insurance status and whether the patient had sentinel or retroperitoneal lymphadenectomy performed as part of the primary treatment of CC. Univariate analysis was performed.

Results: Of the 189 women with IA CC, 47 (24.9%) had a LND. Age, race and insurance status were not significantly associated with undergoing LND. Of the 210 women with stage IB CC, 128 (61%) had a LND. Age was not significantly associated with LND in this group. White women (WW) were more likely than black women (BW) to undergo LND (64.9% vs. 50%, $p = 0.04$). Those who had private insurance (PI) were more likely to undergo LND than those with Medicaid (M) or the uninsured (UI) (66.9% PI vs. 53% M & UI, $p = 0.04$). When the Stage IA and IB CC groups were combined, WW were more likely to have a LND than BW (47.2% vs. 35.5%, $p = 0.04$). For Stage IA and IB CC, 48.3% of women with PI had a LND compared to 32.3% of those with M or who were UI ($p = 0.05$).

Conclusions: White and privately insured women with stage IA-IB CC are more likely to undergo a lymph node dissection as part of their initial cervical cancer treatment than black women or women who are either uninsured or have Medicaid. The reasons for these disparities are complex and beyond the scope of this analysis. However, further exploration of these patterns and the reasons for them is warranted to understand and correct any bias in care offered that might result in disparate outcomes.

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Abstract #10

Patient self-reporting as a low-intensity intervention for symptom management in ovarian cancer: An exploratory analysis of GOG-259

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Objectives: Women with recurrent ovarian cancer experience many cancer and treatment-related symptoms. The purpose of this analysis, using data from GOG-259 - "The WRITE Symptoms Study," was to evaluate which symptoms were most amenable to step-wise intensity symptom management interventions.

Methods: GOG-259 is a 3 arm randomized controlled trial in women with recurrent ovarian cancer comparing patient self-reporting (PSR) alone (low-intensity) to PSR with a web-based intervention (medium-intensity) to PSR with a web-based intervention guided by a nurse-interventionist (high-intensity). We identified the top ten target symptoms across patients and analyzed within (t-test) and between (ANCOVA) group differences from baseline to 12 weeks for each target symptom using burden and controllability scores from the validated Symptom Representation Questionnaire (SRQ). We then identified the least intensive intervention necessary to achieve statistically significant improvements over time for each target symptom.

Results: Of the 486 women, the mean age was 59 years (24-90) and 411 (85.3%) were receiving chemotherapy. The top 10 target symptoms selected by patients in all 3 arms were fatigue, constipation, peripheral neuropathy, pain, sleep disturbances, weight gain, abdominal bloating, memory problems, anxiety, and nausea. Patients receiving only PSR for peripheral neuropathy, abdominal bloating, memory problems, and nausea achieved similar improvements (within group $p.10$) in burden and stable controllability scores compared to those in the higher intensity arms. In addition to improvements in burden, patients participating in the medium-intensity intervention for fatigue, sleep disturbance, and weight gain demonstrated changes in controllability that were superior to PSR only and equivalent to the high-intensity intervention. Finally, women receiving the high-intensity intervention for constipation achieved superior improvements in burden and controllability compared to those in the less intense interventions.

Conclusions: We recommend PSR as standard care for patients with ovarian cancer. It provides safety monitoring of symptoms and is an active low-intensity intervention for common symptoms. Certain symptoms (e.g. constipation, fatigue) require higher intensity symptom management with a web-based symptom management module and even 1:1 nurse support. These findings can guide efficient high-value symptom management support decisions for cancer and treatment-related symptoms.

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Abstract #11

Extending the platinum-free Interval: The impact of omitting 2nd line platinum chemotherapy in intermediate platinum-sensitive ovarian cancer

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Objectives: Patients (pts) with platinum-sensitive epithelial ovarian cancer (EOC) experiencing recurrence between 6-12 months (mos) after primary platinum chemotherapy (CT) have worse prognosis than