

## The incidence of ovarian cancer: understanding the impact of changes in primary site classification

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Ovarian cancer is a highly heterogenous disease. Recently, data from many countries suggest that the rates of cancer of the ovary (ICD10 C56) are decreasing. However, figures based exclusively on C56 estimates do not account for changes in the understanding of the development of ovarian cancer, with the fallopian tube (C57) now an established site for precursor lesions of high-grade serous (HGS) ovarian cancer. Changes in how lesion sites are reported and classified may lead to underestimates in the burden of ovarian cancer and consequently in its resourcing. This study evaluated trends in cancer of the ovary and tubo-ovarian cancer by histological subtypes in Australia to assess whether these classification changes may affect future healthcare planning. Using data from the Australian Institute of Health and Welfare we fitted joint-point models to detect significant changes in incidence trends over time. We assessed incidence for cancer of the ovary (C56 only) and for tubo-ovarian cancer (C56, C57.0, and C57.8 [8441, 8460, 8461 morphology codes]) between 2001 and 2020, by histopathological subtype. While age-standardised incidence rates for ovarian cancer in Australia are rapidly decreasing from 11.2 per 100,000 women in 2001 to 8.8 in 2020, incidence rates of tubo-ovarian cancer remain relatively constant (11.4 cases in 2001, 11 per 100,000 in 2020). Before 2011, there were no differences in incidence rates for ovary and tubo-ovarian cancer. After 2011, ovary cancer rates fall rapidly with an annual percentage change of -3%. Conversely, tubo-ovarian cancer incidence remains constant. The rapid decline in ovary cancer is attributable to reclassification of the HGS subtype. The recoding of ovarian cancers as cancers of the fallopian tube may mask the true rate of ovarian cancer in some countries. This reclassification may lead to underestimates of the impact of ovarian cancer and under provision by future healthcare systems.

## Analysis of the correlation between spleen deficiency and the risk of four types of cancer

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**Objective :** This study aimed to investigate the association between spleen deficiency syndrome, as quantified by a standardized spleen deficiency scale, and the risk of four common cancers—colorectal, upper gastrointestinal, lung, and liver cancer—as well as precancerous lesions, within a large-scale multi-cancer screening cohort.

**Methods :** A total of 17,615 participants from Lanxi City, Zhejiang Province, were included. Spleen deficiency scores were categorized into five groups based on quartiles. Multivariable logistic regression was used to analyze associations between spleen deficiency scores and cancer risk, with adjustment for confounders such as age, sex, BMI, smoking, and alcohol use. Dose-response relationships were evaluated using trend tests, and exploratory factor analysis was conducted to identify symptom patterns of spleen deficiency.

**Results :** Spleen deficiency scores were significantly positively associated with the risks of colorectal cancer ( $OR_4 = 1.41$ , 95% CI: 1.25–1.59), upper gastrointestinal cancer ( $OR_4 = 1.21$ , 95% CI: 1.09–1.34), and lung cancer ( $OR_4 = 1.51$ , 95% CI: 1.35–1.70), with significant dose-response trends (all  $P$  for trend  $< 0.05$ ). A weaker association was observed for liver cancer ( $OR_4 = 1.27$ , 95% CI: 1.01–1.62;  $P$  for trend = 0.024). Factor analysis extracted three symptom dimensions of spleen deficiency, which were significantly correlated with cancer risk.

**Conclusion :** Spleen deficiency is significantly associated with increased risks of colorectal, upper gastrointestinal, and lung cancers, supporting its potential role as an early warning indicator. These findings provide a basis for integrating traditional Chinese medicine constitution theory into cancer risk stratification and preventive strategies.

## Comparison of salt and fluid intake among community-dwelling elderly people

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**Background and objectives :** Impact of undernutrition among elderly is a major problem in a super-aged Japan. T Prefecture is one of the most sparsely populated and rapidly aging regions in Japan. The number of Japanese heatstroke patients increased after 2010 due to an increase in the number of elderly people, and T Prefecture is one of the regions with the highest number of heatstroke patients transported by ambulance. It is well known that fluid and salt intake affects heatstroke, but, details about regional differences or changes with age in nutritional intake have not been revealed.

**Methods :** We compared the nutritional intake of elderly people based on the National Health and Nutrition Survey 2022 in Japan (NHNS-J) and the Prefectural Health and Nutrition Survey 2022 in T Prefecture. In addition, a dietary survey using FFQ was conducted in several areas of T Prefecture, and the data was analyzed.

**Results :** There was no significant difference in intake of major nutrients between the national and the T Prefecture average. In the younger elderly, the salt intake tended to be high in T Prefecture than NHNS-J. The intake of beverages tended to be low in T Prefecture. Moreover, there was a tendency for the older elderly to have lower intakes of nutrient and food than the younger elderly. On the other hand, detailed surveys in several regions have shown that the older elderly have significantly higher intakes of some nutrients than the younger elderly.

**Conclusions :** The results of this study indicate the low beverage intake among elderly in T Prefecture. These nutrition surveys did not include data on water intake. However, this characteristic may be related to high frequency of heatstroke cases in T Prefecture.

## Closing the Gaps: Strengthening Primary Care for NCDs in Bangladesh

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**Background :** Non-communicable diseases (NCDs) are an escalating health challenge in Bangladesh, where health systems face critical resource constraints at primary health care (PHC) level. This study aimed to identify priority areas for quality improvement and community engagement within PHC to strengthen NCD management.

**Methods :** A qualitative study was conducted involving 29 in-depth interviews with healthcare providers across different tiers, 6 key informant interviews with policymakers and 8 focus group discussions with nurses. Data was transcribed, coded, and thematically analyzed to assess system readiness, service gaps and community experiences in implementing the NCD management model.

**Results :** Persistent shortages of trained providers, frequent staff transfer and weak team-based care emerged as major challenges. Key informants highlighted task-shifting and empowering non-physician providers as critical strategies. Gaps in diagnostic capacity, irregular medicine supply and weak digital registration systems further constrained NCD care, while limited referral mechanisms disrupted continuity of treatment. Conversely, the presence of Quality Improvement Committees (QICs), Work Improvement Teams (WITs), and CORE teams enhanced facility management, supervision and community engagement, particularly through active Community Groups and Community Support Groups.

**Conclusion :** While Bangladesh has made progress in scaling up the NCD management model, sustainability requires systemic reforms. Priorities include continuous capacity building, robust referral and digital systems, reliable supply chains and institutionalized quality management frameworks. Policy should emphasize structured task-shifting, interoperable health information systems and biannual supply audits to prevent stockouts. At the practice level, stronger referral protocols, consistent QIC/WIT training and mobilization through CORE teams will be vital to ensuring equitable, high-quality NCD care at PHC level.

## A questionnaire on RSV vaccine readiness among working-age adults and their spouses.

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**Background :** Respiratory syncytial virus (RSV) can infect individuals of all ages; however infants and older adults are particularly at risk of severe illness. In Japan, RSV vaccines were approved for older adults in September 2023 and for pregnant women in January 2024. However, public awareness and willingness to receive RSV vaccine remain unclear.

**Methods :** An online survey was conducted from March to June 2025 among Sunstar Inc. (Osaka, Japan) employees and their spouses. Leaflets were distributed to encourage participation and request responses. The questionnaire included sociodemographic data, knowledge about RSV and vaccination, and attitudes toward vaccination using the short version of the 7C of vaccination readiness scale. Participants were asked about their willingness to receive the RSV vaccine under hypothetical conditions as older adults, pregnant women, or partners of pregnant women.

**Results :** Among 310 respondents, 24.8% had heard of the RSV vaccine. Awareness that those aged 60 and above are eligible was 9.4%, and only 12.6% knew that maternal vaccination can prevent RSV in infants. Willingness to vaccinate increased significantly from 31.3% (if self-paid) to 59.3% (if publicly funded) for older adults (McNemar's test,  $p < 0.001$ ). Among female respondents, 55.5% would get vaccinated if pregnant, and 43.0% of male respondents wanted their pregnant partners to be vaccinated. The mean 7C score was 3.89. Higher scores were significantly associated with willingness to vaccinate across all scenarios. In addition, knowledge that RSV has no specific treatment was associated with willingness to be vaccinated as older adults ( $p = 0.011$ ).

**Conclusion :** Awareness of RSV vaccine was low among the surveyed population. Vaccination intention was significantly associated with scores on the vaccination readiness scale. Increasing awareness of RSV and promoting vaccine readiness may help improve vaccine uptake.