cancer clinic of Innovating Health International in Port-au-Prince, Haiti from Jan-2016 to Dec-2018 were included. Data collection included variables such as year of diagnosis, age, cancer type and staging. Primary outcome was overall survival (OS). Secondary outcomes were overall mortality and loss of follow-up rates. Data were analyzed using SPSS 21, with $p<0.05$ being considered statistically significant.

Results Three hundred and forty (340) cases of gynecological cancers were diagnosed during the study period, respectively 46 in 2016, 94 in 2017 and 200 in 2018 ($p<0.001$). The mean age was 54.3 years [range 19–90], ranging from 58.8 years in 2016 to 54.2 years in 2018 ($p=0.013$). Cervical cancer was the most common type (n=238,70%), followed by endometrial cancer (n=45, 13.2%), ovarian cancer (n=43, 12.6%), vulvar cancer (n=3, 0.9%), vaginal cancer (n=2, 0.6%) and gestational trophoblastic cancer (n=2, 0.6%). Seven (2.1%) cases were cancers of unknown primary identified as gynecological cancers. Of the staged patients (n=285), 66% were at stages III or IV of their cancer. The overall mortality rate was 34.7%, with a median overall survival of 3.9 months. Twenty-six (7.6%) of the patients lost follow-up.

Conclusions Gynecological cancers were mostly diagnosed at an advanced stage, which mainly explains the low OS. Vaccination and large-scale screening are mandatory to decrease the burden of cervical cancer in Haiti.

IGCS19-0494

240 FIRST YEAR EXPERIENCE OF HEREDITARY TESTING IN GYNECOLOGICAL CANCER PATIENTS IN A CLINICAL SETTING IN THE BAHAMAS

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Objectives In a previous cohort of predominantly breast cancer patients, ~25% of cases had 7 recurrent mutations in BRCA1 and BRCA2.The rate of hereditary ovarian cancer in the Bahamas was sought using an Oncology-led point of genetic testing at the Princes Margaret Hospital (PMH) in the Bahamas.

Methods Women were counseled and consented for genetic testing in the Gynecology Oncology clinic at our facility. Saliva samples underwent next generation sequencing (NGS) in a CLIA approved external laboratory. A 30 gene panel linked to breast, ovarian and/or uterine cancer risks was used to identify: *BRCA1, BRCA2, Lynch genes, MLH1, MSH2, MSH6, PMS2, EPCAM, MUTYH, APC, STK11, PALB2, MITF, BAP1, CDKN2A, TP53, BMPR1A, SMAD4, POLD1, POLE1, CHEK2, PTEN, CDH1, BRIP1, CDK4, GREM1, RAD51C, RAD51D, PMS2, NBN*and *BARD1*. Reportsincluded presence or absence of deleterious mutations and variants of unknown significance (VUS).

Results Between 03/2018–03/2019, 28 women were tested, 17 women had ovarian cancer, 7 endometrial cancer, 2 breast cancer, and 2 women with a strong family history of ovarian cancer. The mean age at testing was 60 years. 21.4% had a deleterious mutation in BRCA: 5 in BRCA1 and 1 in BRCA2. Of the patients with BRCA mutation 5/6 women were diagnosed with ovarian cancer (29.5%) and 1/6 had ductal carcinoma of the breast.

Conclusions Genetic testing at point of care in the Bahamas is feasible and acceptable. Results highlight need for universal hereditary screening for women in the Bahamas with ovarian cancer as this can allow for better treatment options.

IGCS19-0729

241 CARE FOR CERVICAL CANCER PATIENTS IN UGANDA IS SCARCE; EVALUATION OF CLINICAL PRESENTATION AND MANAGEMENT IN KAMPALA

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Objectives The treatment of cervical cancer patients in Uganda is complicated by late diagnosis due to the unavailability of timely screening and the availability of only one tertiary hospital, the Uganda Cancer Institute (UCI) in Kampala. This research evaluated the presentation and clinical management of cervical cancer patients at UCI.

Methods We retrospectively analyzed patient files of all cervical cancer patients presenting to UCI between January 2017 and March 2018. The clinical management of patients with early (FIGO 1A-2A) and advanced (FIGO 2B-4B) stage disease were evaluated using national and international treatment guidelines.

Results Files of 583 patients were included, representing 9.1% of the annual estimated incidence (6413) of cervical cancer in Uganda. The majority (86.2%) of patients presented with advanced stage disease and 27.3% were known HIV-positive. More than half of patients (55.9%) were lost to follow-up before or during treatment. The national treatment targets for surgery and palliative care were achieved, but the target for chemo-radiation was not met. When radiotherapy was available, 50.0% of patients with early stage and 64.4% with advanced stage were treated in accordance with international guidelines.

Conclusions Adequate treatment is available to only a minority of cervical cancer patients in Uganda. Furthermore, less than half of the patients presenting at UCI complete treatment and not all patients are treated according to national and international guidelines. In order to decrease the burden of cervical cancer in Uganda, investment in chemotherapy, radiotherapy and surgical capacity is critically needed, as well as accessible prevention programs and efficient referral pathways.

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242 INTRODUCING HERBAL MEDICINE INTO CONVENTIONAL HEALTH CARE

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Objectives Ayurvedic treatment is although highly effective; proper mode of action, pharmacology, pharmacokinetics, and