Results 440 forms were filled by doctors of various speciality. 50 forms were excluded as were incomplete, another 2 forms were from alternative system of medicine hence excluded.

Age of participants were 23 - 62 years, with majority belonging to 25–30 years and closely followed by 30–40 years age group.

85% doctors were aware about cervical cancer screening, however only 6% of doctors had ever got themselves screened. Only 1.5% doctors had screening in last 5 years.

Important reasons for non-screening were- feeling embarrassed 80%, very busy 65%more than 1 reason was cited by 20%.

19% of doctors were unmarried and majority stated screening to be done after marriage. 9% stated screening not important for them.

Conclusions This study reflects satisfactory knowledge for screening; attitude of doctors reflects those of general population. Screening for cervical cancer cannot be successful if providers are not convinced for its importance and getting screened.

IGCS19-0436

453 INTRAOPERATIVE ELECTRON RADIATION THERAPY (IOERT) IN THE MANAGEMENT OF PATIENTS WITH LOCAL RECURRENT OR ADVANCED GINECOLOGIC MALIGNANCIES: A SIX CASE REVIEW

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Objectives To report outcomes and toxicities in women with locally recurrent or advanced pelvic gynecologic malignancies who received intraoperative electron beam radiotherapy (IOERT) after chemoradiation.

Methods From April 2012 to October 2018, 6 patients with recurrent cervical cancer (n=3), vagina (n=2) and endometrial (n=1) were treated with IOERT (stage IIb-IVb). Previously unirradiated (n=2) patients received preoperative chemoradiation between 45–50.4Gy with cisplatin. Those who had already been irradiated (n=4) received 30Gy to pelvis with concomitant cisplatin. IOERT dose ranged between 10Gy–15Gy.

Results With a median follow-up of 55 months (range, 24–162) the 3-year overall survival was 100%. The median time from initial cancer diagnosis to recurrence treated with IOERT was 4.1 years (range, 1.4–10.3 years). Performed surgeries included pelvic exenteration (n=3) and posterior pelvic exenteration (n=3) with or without lymph node dissection. All surgeries had gross macroscopic resections and were classified as R0 (n=5; 83.3%) or R1 (n=1; 16.6%). All patients remain disease free. No major IOERT-related toxicities were reported.

Conclusions Radical resection combined with IOERT seems to be a valid curative treatment option for patients who have failed prior surgery and/or definitive radiation. The patient selection is crucial and in addition to consideration of disease related morbidity, other factors shall be considered including the time interval from initial therapy to recurrence and whether the patient is able to receive perioperative chemoradiation and pelvic exenteration in addition to IOERT.

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454 FALLOPIAN TUBE CANCER

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Objectives The aim of the study was to investigate the rare type of malignant tumours of women's genitals for identifying optimal methods of prevention, detection and special management of fallopian tube carcinomas.

Methods The rate of appearance of fallopian tube carcinomas varies between 0,13% and 2,8. During 48 years (1969–2017) 15707 operations of malignant tumours were performed at our clinic. Diagnosis of fallopian tube carcinoma was confirmed only in 56(0,36%) cases and every time during the operations. 18 patients (32,1%) underwent operations with the diagnosis of ovaries tumours; 12(21,4%) - with carcinoma corpus uterus and 26(46,4%) - with uterine and ovarian tumours. The youngest patient was 34, while the oldest - 78 years old. Patients were aged from 30 to 39 (5,5%), 18,2% were up to 40–49, 41,8% - from 50 to 59; 27,3% from 60 to 69 and 7,3% were over 70.

Results According to classification, offered by us, I stage was diagnosed in 19(33,9%) patients, II stage - in 5(8,9%); III stage - in 29(51,9%), IV stage - in 4(7,1%). The tactics of management of fallopian tube carcinoma is operation-chemotherapy or operation-radiotherapy, 49 patients underwent postoperative chemotherapy, 7 patients had radiotherapy.

Conclusions The evaluation of remote results revealed, that of 56 patients 14 died within the first year following the operation. 5 years survival rate did not exceed 30%.Low incidence of fallopian tube carcinomas in some cases is explained by the fact that they are attributed to advanced forms of ovarian carcinomas.