

Conclusions The contribution of a benign gynaecological centre to cancer care in Ireland is significant. Significant resources are availed of prior to referral to the tertiary centre. Currently there is no dedicated oncological nurse for our department. This research highlights that a dedicated integrated referral system and access to an oncology liaison would ensure swift and timely access to gynae-oncology services for the many patients that present to benign centres.

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COLPOSCOPY IN DEMAND: THE IMPACT ON REFERRALS FOR A CLINICAL SUSPICIOUS CERVIX ON A COLPOSCOPY DEPARTMENT

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Objectives In Ireland, in April 2018, a free smear test was offered to women who wished to avail of this outside the screening programme. Physicians can also refer for colposcopy if concerned regarding a clinically suspicious cervix or a clinical history. This audit investigated the impact this had on referrals for a clinical indication and subsequent cancer diagnosis.

Methods A retrospective review of referrals for a clinical indication from October 2017 – February 2019 was conducted. Referral data and outcomes was recorded from the mediscan system. Data was analysed using Microsoft Excel.

Results Following the introduction of a free smear, the waiting time for non-urgent colposcopy rose from 4 weeks to 12–20 weeks. The referrals for a 'clinical suspicion' rose from 79 in the first six months (10/10/17 – 1/3/18) to 705 in the preceding six months. The number of referrals from GPs rose from 58% (n=46) to 83% (n=590). The total number of cancers diagnosed following a clinical suspicious indication was eight (0.93). Two cases of cancer were diagnosed in the first six months (2.53%), six were diagnosed in the preceding six months (0.85%). Six cases of subsequently diagnosed cancer were referred and seen as urgent (75%). Two cancers were diagnosed following a non-urgent referral. The majority of referrals had a normal colposcopy (n = 29 36.5%, 418 59.29%).

Conclusions Despite extra demand on the colposcopy department, the majority of subsequently diagnosed cancers were referred as urgent and seen promptly. The majority of clinically suspicious cervix resulted in a reassuring colposcopy.

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A CASE OF CERVICAL EMBRYONAL BOTRYOIDAL RHABDOMYOSARCOMA

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Objectives Embryonal rhabdomyosarcoma (RMS) is a rare, highly malignant tumour, primarily seen in the pediatric and

adolescent population. It is rare in patients above 40 years of age. RMS arises from immature cells destined to form striated skeletal muscle. Around 20% of RMS in childhood arise in the genitourinary tract. The infantile vagina is the most common site. The cervix is a rare site of the disease even in children and adolescents. These lesions are usually embryonal. The botryoid types are usually detected in a child under 8 years. Prognosis of RMS was poor until the introduction of neoadjuvant chemotherapy.

Methods Patient had a polypoid mass in cervix 3cm-by-3cm, with normal appearing surrounding ectocervix and vagina. The biopsy was consistent with embryonal RMS. MRI showed a complex polypoidal mass which appeared to be arising from cervix. CT Chest/abdomen and pelvis scan was clear of distal disease. Molecular genetic was sent for germline-DICER1 mutation. Supplementary video of this surgical resection is attached.

Results The Sarcoma Cancer Centre recommended following a risk-adapted strategy for patient: - for her: age (>11 yrs) is unfavourable but histology site is favourable. Size (5 cm) is on the cusp. She had IVA chemotherapy (ifosfamide/vincristine/dactinomycin). She had positive margins after loop excision, so also had a trachelectomy. Embryonal RMS of the cervix must be distinguished pathologically from adenocarcinomas with heterologous elements, malignant mixed Müllerian tumours and low-grade stromal sarcomas.

Conclusions Cervical RMSs seems to have a better prognosis than similar tumours arising from other sites of the female genital tract.

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GYNAECOLOGICAL BRACHYTHERAPY CREDENTIALING FOR RADIATION THERAPISTS: A QUALITY IMPROVEMENT PROGRAM

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Objectives Gynaecological brachytherapy (GynBT) is an important part of gynaecological cancer management. At Olivia Newton-John Cancer Wellness & Research Centre (ONJCWRC), radiation therapists (RTs) are integral to the GynBT workflow. However, there is limited GynBT training available for RTs in Australia, resulting in inconsistent proficiencies. This is a preliminary report on the development and implementation of a credentialing program, providing a structured approach to GynBT training of RTs.

Methods A credentialing program was designed with modules and competency assessments to ensure efficiency and proficiency of RTs in the GynBT workflow. The program includes theoretical modules in anatomy, international GynBT guidelines, radiation safety and local protocols; and practical modules in equipment, ultrasound for GynBT, operating theatre procedures, MRI, contouring, applicator reconstruction, planning, quality assurance and treatment delivery. Learning strategies include self-directed learning, tutorials, practical sessions and third-party courses. The program concludes with an exit examination assessing major competencies. The expected time frame for the completion of the program is 12 weeks to 6 months.