surgeons at UHL. This information is important for patient counselling.

Methodology We identified all major gynaecology oncology cases performed at our tertiary centre in 2021, Cases were assessed for operation type, diagnosis and co-morbidities. Complications then assessed using Clavien-Dindo classification. Data about complications obtained from Electronic Discharge Notes and follow up clinic letters. Standard used was the UK Gynaecological Oncology Surgical Outcomes and Complications audit of 25.9% on inclusion of all patient-reported complications.

Results A total of 363 operations were identified with a rate of minor complications (Clavien-Dindo 1,2) of 18% and the rate of major complications (Clavien-Dindo 3,4) was one case had left ureteric injury 0.003%. 8 cases had (0.022%) intraoperative complications were described as follows: 2 bladder injuries, 1 ureteric injury, 5 bowel injuries. 2 (0.006%) deaths were recorded within 28 days of the operation (one due to COVID 19 infection and another death related to lung metastasis). No return to theatre cases were observed.

Conclusion Our major complication rate was observed to be below the national average, which is a good reflection of expertise and the value of the super specialization within our department. This results are helpful when consenting patients for procedures, as it gives knowledge on the true numbers at the local level.

2022-RA-1421-ESGO GYNAECOLOGICAL SKILLS TRAINING IMPACT ASSESSMENT OF TRAINEES IN NORTHERN IRELAND

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Introduction/Background Training in gynaecological skills has been significantly impacted by COVID-19. The Royal College of Obstetricians & Gynaecologists (RCOG) in the UK recommended a training impact assessment of trainees as part of the gynaecological surgery recovery plan.

Methodology The RCOG gynaecology recovery plan was discussed at NI school board and an online training impact survey was developed. It was then disseminated to all trainees within NI deanery and results feedback to individual units.

Results 36 responses to date from all levels of trainees and all units within NI. The results for rating current training were; very poor 8%, poor 44%, fair 36%, good 6% and very good 6%. An average of 3 gynaecology clinics were attended in the previous 8 weeks. Only 14% felt their skills were appropriate for their training grade. For attendance in gynaecology theatre; 44% <1 per month, 36% 1–2 per month, 17% 1 per week and 3% >1 per week. For proportion of time as lead operator only 33% of trainees were lead operator for >50% of cases. For procedural competence; 50% diagnostic laparoscopy, 17% operative laparoscopy, 11% hysterectomy (abdominal, laparoscopic and vaginal 11% each), 19% vaginal repair and 31% laparoscopic management of ectopic pregnancy. 64% required gynaecological summative OSATs this year. 19% were doing a gynaecology ATSM of which 57% felt they would complete. 78% of all responders felt they would not be competent at gynaecological surgery by the end of training.

Conclusion COVID-19 has significantly impacted training in gynaecology surgery with the majority of trainees in a large UK deanery feeling they won't be competent at gynaecological surgery on completion of their training. Work needs to be done to improve training overall, perhaps with the use of simulation.

2022-RA-1434-ESGO PALONOSETRON VERSUS GRANISETRON FOR PREVENTION OF NAUSEA AND VOMITING DURING PACLITAXEL AND CARBOPLATIN THERAPY: A PILOT STUDY

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Introduction/Background Emetogenicity of carboplatin is classified in moderate risk. Moreover, dexamethasone, 5-HT_3 receptor antagonist, and NK1 receptor antagonist are recommended to be combined. TC therapy (paclitaxel and carboplatin) is one of the major regimens in gynaecological malignant tumors. There is no definite evidence of superiority of second-generation 5-HT_3 antagonist to first-generation in triple antiemetic therapy. However, pharmaceutical prices of palonosetron, second-generation 5-HT3 antagonist are approximately 5.7 times expensive compared to granisetron, first-generation 5-HT3 antagonist. Consequently, it may result in financial stringency. Non-inferiority prospective study was planned to compare efficacy and side effects between palonosetron and granisetron.

Methodology Gynaecological malignant tumor patients over the age of 20 without history of chemotherapy and who were receiving TC therapy after June 2018 in our institution were recruited. Prior to chemotherapy, patients were intravenously administered hosaprepitant 150 mg, dexamethasone 13.2 mg, followed by palonosetron 0.75 mg or granisetron 3 mg with random allocation. This study was analyzed prospectively. Primary endpoint was delayed complete control.

Results Thirty-one patients were included in the analysis: 15 patients in palonosetron group and 16 patients in granisetron group. There were no significant differences in patient characteristics (age, PS, BMI, and type of cancer). No significant differences were seen in primary endpoint ($p=0.93$) and secondary endpoint; complete nausea suppression rate ($p=0.59$), complete vomiting suppression rate ($p=0.081$), administration of additional antiemetic ($p=0.96$), acute complete responses ($p=0.56$), acute complete control ($p=0.096$), and delayed complete responses ($p=0.50$).

Conclusion Possibility of non-inferiority of granisetron to palonosetron has shown in this study.

2022-RA-1484-ESGO PECULIARITIES OF BREAST CANCER IN YOUNG WOMEN AT THE MEDICAL ONCOLOGY DEPARTMENT- TLEMCEN

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Introduction/Background Breast cancer in young women is defined as cancer occurring in a woman under the age of 35.

Young age seems to be a negative prognostic factor, with an increased risk of local recurrence and reduced overall survival.
Methodology We carried out a retrospective study, based on files from the Medical Oncology department of the CHU Tlemcen, including patients aged ≤ 35 years old, treated for breast cancer during the year 2020 and 2021. Our objective is to determine the epidemiological, clinical, histological and molecular characteristics.
Results Eighteen patients were included, represent 6% of all cases treated during this period. They were between 30 and 35 years old (94.44%). The majority of patients (12) had a family history of neoplasia including 3 first degree, 11 second degree and beyond and 2 had a history of first degree breast cancer.The diagnosis was mainly made at a localized stage in 15 patients (T1: 4, T2: 12, T3: 2) and only 3 (16.7%) at a metastatic stage. Surgical treatment was performed in 17 patients (11: radical, 5: conservative, 1: palliative). The anatomopathological study revealed mostly invasive ductal carcinoma in 15 patients (83.3%), grade (II: 9 and III: 9), with lymph node invasion in 11 patients (N2: 8, N1: 3, N0: 6). The immunohistochemical study found positive hormone receptors in 13 patients (72.2%) and a HER2 score 3 in 3 patients (16.7%), a luminal B status in 8 patients (44.4%) and triple negative in 4 patients (22.2%). The majority of patients are still alive (16 patients).
Conclusion Breast cancer in young women is a separate entity due to the frequency of neoplastic family history, diagnostic stage and specific molecular profile.

2022-RA-1501-ESGO NEUROENDOCRINE TUMORS OF THE FEMALE GENITAL TRACT; A RARE ENTITY

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Introduction/Background Neuroendocrine tumors (NETs) of the female genital tract are a very unusual clinical entity, with most known cases involving the uterine cervix. Those tumors include small and large-cell neuroendocrine carcinomas and carcinoid tumors. Interestingly small cell cervical cancer is a non-pulmonary variation of small-cell lung cancer. Moreover, metastatic pancreatic NETs to the ovaries are exceedingly scarce, with only three other cases to be found in literature. We present five gynaecologic NET cases.
Methodology The first patient presented with advanced disease; biopsy revealed small-cell cervical NET. She received primary chemoradiation, systemic chemotherapy and immunotherapy. The second patient was diagnosed with cervical NET via biopsy, without having completed the prescribed imaging studies. The third patient was diagnosed with large-cell cervical NET, stage IVb. The fourth patient presented with an adnexal mass, ascites and diarrhea; biopsy of the ovary revealed metastatic VIPoma without visible pancreatic pathology in the imaging studies. The fifth patient, presented with frozen pelvis and distant metastases. Cervical biopsy yielded the diagnosis of cervical NET with both small-cell and large-cell component.
Results The first patient has had a progression free survival of 24 months despite metastatic disease at diagnosis. The second patient eventually sought for medical care elsewhere due to long distance/personal reasons. The third patient was referred to palliative care, however she was lost to the follow up. The fourth patient was offered a left adnexectomy; nevertheless she did not follow through as she passed out due to cardiac problems. The fifth patient received chemotherapy, but succumbed to the disease 10 months after diagnosis.
Conclusion Diagnosis of a cervical NET at an early stage is of paramount importance, because of the worse prognosis of the disease compared to squamous cell cervical cancer. Moreover, VIPomas can metastasise to the ovaries presenting as an extremely rare diagnosis.

2022-RA-1507-ESGO GYNAECOLOGIC ONCOLOGY MEETS HEPATOBILLIARY SURGERY; UNEXPECTED FINDINGS DURING SURGICAL EXPLORATION

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Introduction/Background Peritoneal carcinomatosis with/without lymph node involvement is a particularly common clinical scenario in gynaecological oncology. However, unexpected diagnoses may occur following an exploratory laparotomy. We present three exceptional cases of patients that were finally diagnosed with cancer of hepatobilliary origin.
Methodology The first patient, age 55, had a history of high grade endometrial cancer stage I that had been managed with surgery and brachytherapy. Three years post surgery, she presented with extensive paraortic nodal disease, which was surgically resected. The second patient, age 66, had a history of gallbladder cancer, that had been managed with cholocystectomy. She presented with an adnexal mass and omental metastases; she underwent exploratory laparotomy. The third patient, age 75, presented with tension ascites and peritoneal carcinomatosis; she also underwent exploratory laparotomy.
Results The first patient's pathology report revealed a poorly differentiated carcinoma with Hepar-1 expression; differential diagnosis had to be made between hepatocellular carcinoma and clear cell carcinoma (Hepar-1 expression is a very distant possibility in clear cell endometrial carcinomas). She has been receiving multiple regimens of adjuvant chemotherapy during the last four years. She had been in remission for the first two years; she has recently progressed with newly found metastases in the anterior abdominal wall. The second patient was diagnosed with metastatic adenocarcinoma of biliary origin and synchronous early stage primary ovarian carcinoma. She received adjuvant chemotherapy and remains in remission 1 year post surgery. The third patient was diagnosed with metastatic cholangiocarcinoma. She was eventually referred to palliative care due to poor performance status. She eventually died one month postoperatively.
Conclusion Gynaecological oncologists should be suspicious of non gynaecological diagnoses when tackling extensive abdominal disease. Multidisciplinary approaches and consultations are crucial for decision making, diagnosis and improvement of patient outcomes.