domains, the 'Lebanese domains' were created and showed better outcomes. These new domains had better composite reliability (CR) than the adapted domains, but more modest AVEs. Their discriminant validity (HTMT reports) was also satisfying.

Abstract 441 Table

Interpretation schemes	Domains	Items	α Cronbach coefficient	Modifications (remaining items)	α Cronbach coefficient
Standard domains	Worries/concerns	Items 7, 12, 13, 15, 16, 17, 18, 19 and 20.	0.828		
	Emotional impact	Items 2, 3, 5, 8 and 14.	0.571	Items 2, 3, 5 and 8.	0.812
	Sexual impact	Items 24 and 25.	-2.020	No possible modifications.	
	Self-image	Items 1, 10, 11 and 23.	0.267	Items 11 and 23.	0.706
	Partner/ transmission	Items 9, 21 and 22.	0.440	Items 21 and 22.	0.751
	Interactions with doctors	Items 27,28 and 29.	0.33	Items 28 and 29.	0.706
	Health control/life impact	Items 4, 6 and 26.	0.363	Items 4 and 6.	0.795
Adapted domains	Worries/concerns	Items 7, 12, 13, 15, 16, 17, 18, 19 and 20.	0.828		
	Emotional impact	Items 2, 3, 5, 8 and 14R.	0.798		
	Sexual impact	Items 24 and 25R.	0.669		
	Self-image	Items 1R, 10R, 11 and 23.	0.680		
	Partner/ transmission	Items 9R, 21 and 22.	0.513	Items 21 and 22.	0.751
	Interactions with doctors	Items 27R, 28 and 29.	0.611	Items 28 and 29.	0.706
	Health control/life impact	Items 4R, 6R and 26.	0.694		
Portuguese domains	Worries/concerns	Items 3,7, 12, 13, 15, 16, 17 and 20.	0.791		
	Emotional impact	Items 2, 5, 8 and 26.	0.854		
	Sexual impact	Items 9R, 24 and 25R.	0.562	No possible modifications.	
	Future treatment/transmission	Items 18, 19, 21 and 22.	0.755		
	Positive emotions	Items 1R, 4R, 6R, 10R, 14R and 27R.	0.830		
	Negative emotions	Items 11, 23, 28 and 29.	0.627	Items 11 and 23. (Honte and dégoût)	0.706
				Items 28 and 29. (Inconfort à cause des procédures and examens)	0.706
Modified portuguese domains	Worries/concerns	Items 3, 15, 16 and 17.	0.584	No possible modifications.	
	Emotional impact	Items 2, 5 and 8.	0.807		
	Sexual impact	Items 9R, 24 and 25R.	0.562	No possible modifications.	
	Future treatment/transmission	Items 18, 19, 21 and 22.	0.755		
	Positive emotions	Items 1R, 4R, 6R, 10R, 14R and 27R.	0.809		
	Negative emotions	Items 23, 28 and 29.	0.631	Items 28 and 29.	0.706
Lebanese domains	Worries/concerns	Items 3,7, 12, 13, 15, 16, 17 and 20.	0.791		
	Emotional impact	Items 2, 5, 8 and 26.	0.854		
	Impact relationnel (avec le médecin and le partenaire.	Items 9R, 11, 23, 24, 25R, 28 and 29.	0.724		
	Future treatment/transmission	Items 18, 19, 21 and 22.	0.755		
	Positive emotions	Items 1R, 4R, 6R, 10R, 14R and 27R.	0.830		

Conclusion Merck and coll. 's item distribution seems flawed; however, reverse scoring the cited items may improve its validity.The adapted domains and the 'Lebanese domains' seemed the most suitable for our population. Although the two distributions have their limitations, the 'Lebanese domains' were overall superior.

IGCS20_1480

442 FAMILIAL SWYER SYNDROME ASSOCIATED WITH MIXED GERM CELL TUMOR: A CASE REPORT

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Background Swyer syndrome, a type of complete gonadal dysgenesis, is one of the rarer forms of the spectrum of disorders of sexual differentiation (DSD). Affected individuals have an XY karyotype but appear phenotypically female with characteristic hypoplastic gonads, presenting with primary amenorrhea and delayed puberty as main complaint. Only a few cases on siblings with Swyer syndrome have been reported. The accepted practice is to remove both gonads upon diagnosis to prevent the malignant transformation.

Case We present a case of a 14-year-old with primary amenorrhea and delayed puberty who consulted at our institution for an abdominopelvic mass. Family history is pertinent for relatives with menstrual abnormalities and delayed secondary sexual development; with an older sister having a confirmed XY karyotype. She underwent exploratory laparotomy to remove the tumor, however, the mass was deemed unresectable. The tumor was sampled and sent for frozen section which showed a malignant round cell tumor. Final histopathologic and immunohistochemistry studies showed a mixed germ cell tumor. She received three cycles of neoadjuvant chemotherapy prior to the definitive removal of the tumor and three more postoperatively. Chromosomal analysis confirmed an XY karyotype.

Conclusion Although rare, a diagnosis of Swyer syndrome must be considered in any adolescent with primary amenorrhea and an abdominopelvic mass. The diagnosis is confirmed with clinical findings combined with hormonal, gonadal, and chromosomal analyses. Routine gonadectomy and hormone replacement therapy are central to the management of patients with Swyer syndrome.

IGCS20_1481

443 PARTICIPANT DEMOGRAPHICS AND DISPARITIES IN OVARIAN CANCER CLINICAL TRIALS

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Background Clinical trials comprise the cornerstone of advancing care for patients with ovarian cancer. Diverse populations of trial participants are essential to ensuring generalizability of

results. To date, no prior study has aggregated all publicly available ovarian cancer clinical trials or analyzed the demographic makeup of participants enrolled in these trials.

Methods We evaluated all interventional therapeutic ovarian cancer trials registered to ClinicalTrials.gov that enrolled at US sites. Data were captured regarding study phase, enrollment sites, outcome metrics, and study population.

Results Our search identified 313 studies, of which 262 had published results for evaluation. To assess race and ethnicity, studies were then limited to the 217 studies enrolling at purely U.S. sites. Mean number of locations per study was 13.2 (range 1–390); mean number of participants per trial was 70.1 (range 1–4312). Only 75 studies (34.6%) reported participant race. Most studies enrolled predominantly white patients. Greater than 75% of enrollees were white, and 20 studies (26.7%) enrolled only white participants. Even fewer trials (52 studies, 19.8%) reported ethnicity data. The majority of studies enrolled predominantly Non-Hispanic/Latino participants. Greater than 75% of participants were Non-Hispanic/Latino, with 24 studies (46.2%) enrolling 100% Non-Hispanic/Latino patients.

Conclusions Few trials report the demographics of their participants, limiting the ability to assess generalizability. Most therapeutic trials for ovarian cancer patients enroll exclusively white and/or non-Hispanic/Latino participants. Further work is needed to elucidate the barriers to enrollment of diverse patient populations in order to ensure equity in the treatment of patients with ovarian cancer.

IGCS20_1482

444 THE USE OF SENTINELLYMPHNODEBIOPSY IN THE TREATMENT OF BREASTDUCTALCARCINOMA IN SITU

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Introduction Withimprovements to the breast cancer screening program, more and more womenwithductalcarcinoma in situ (DCIS) are beingdiagnosed and treated. However, the axillary-treatment of patients with DCIS remainscontroversial. These patients, whoexhibitpre-invasive tumorswith no invasive component, are theoreticallybelieved to have no chance of lymphnodemetastases.

Material and Methods itis a retrospectivestudycarried out at the institute of Salah AziezTunisiawhichincluded 243 patients presentedwith the final pathology of DCIS, over a period of 22 yearsbetween the years 1993 and 2014.

Results 243 patients presentedwith the final pathology of DCIS, 18,10% of patients underwentsentinellymphnodebiopsy (SLNB). A total of 61 (25%) patients underwentbreast-conservingsurgery (BCS), and 182 (75%) underwentmastectomy, of which 0,82% and 17,28% respectivelyhad a concomitant SLNB. all the lymphnodessampledwere not metastatic. The colorimetricmethodweredonein 34,09%, the scintigraphicmethod (45,45%) and the use of the twomethodis about 68,18%.

In the post opérative, no complication wasseen in this patients, howeverthe patients whohad anlymphnode dissectionhad a complications lik : Lymphe Dema and lymphocele

Conclusion The rates of SLNB positivity in pure DCIS are verylow, and thereiscontinuinguncertainty about itsclinical importance.

IGCS20_1483

445 IMPROVING WOMEN'S HEALTH – ONE HUMANPAPILLOMAVIRUS VACCINATION AT A TIME!

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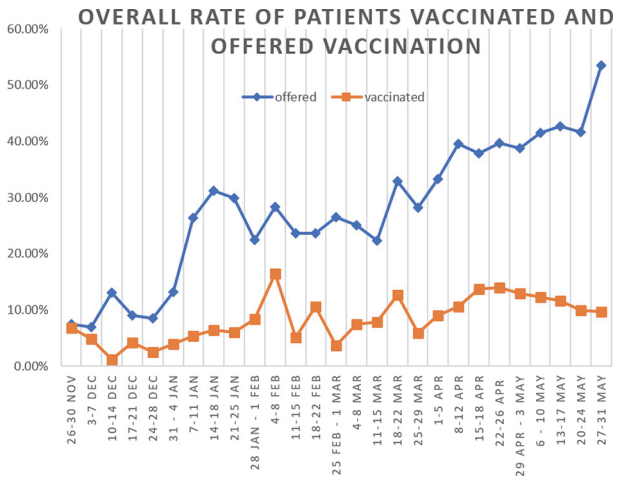
Persistent high-risk human papillomavirus (HPV) infections causes cervical precancer. HPV vaccination decreases the risk of cervical pre-cancer by up to 99%. The rate of vaccine uptake remains low. In KK Women's and Children's Hospital (KKH) C Clinic, the rate of eligible patients vaccinated is 5.3% and only 6.5% of eligible patients were offered the vaccine. The HPV vaccine taskforce aimed to increase the rates of eligible patients vaccinated and offered the vaccine.

Factors leading to low uptake rates were identified and included the lack of awareness, lack of information, cost and accessibility issues. Accessibility issues were addressed by making vaccines available in clinic. Prices of the vaccines were subsidised, claims were made easier and consultation charges were waived. Education sessions were conducted for staff. In-house pamphlets and posters were developed and reminders were placed in clinic waiting areas. The electronic documentation was modified to include HPV vaccination. The Ministry of Health in Singapore also implemented a free opt-in HPV vaccination programme for secondary school girls. An audit was conducted over 6 months to assess rates of vaccination.

The rate of eligible patients being offered the HPV vaccine in KKH C Clinic increased from 6.5% to 27.7% ($p<0.001$). The rate of eligible patients vaccinated increased from 5.3% to 8.3% ($p=0.083$).

The HPV vaccine taskforce was effective in improving rates of HPV vaccination and patient awareness of the HPV vaccine. With this project, coupled with changes in Singapore's



Abstract 445 Figure 1