

2019. This sample includes 1 case of follicular lymphoma, 2 cases of large T-cell lymphoma, and 10 cases of large B-cell lymphoma.

Results All the patients were women and aged between 17–89 years (average age: 52.6 years). The mean symptom was a breast lump, only one patient consulted for inflammatory signs in the breast. The average clinical size of the tumor was 7.2 cm, with a maximum of 15 cm.

Mammography showed an oval mass with circumscribed margins in the majority of cases. Ultrasound showed in most of the cases a hypoechoic irregular mass or multilobulated mass with irregular margin and hypervascular on color Doppler. Magnetic resonance imaging (MRI) was performed in only three patients and showed a spiculated lesion with polycyclic limits. 8 patients underwent surgery. In our study lymphoma involved 10 cases of large B-cell lymphoma, one case of follicular lymphoma, and two cases of large T-cell lymphoma. 11 patients had localized stages (I + II) at diagnosis, and 2 patients had the disseminated stage (stage III) of primary breast lymphoma. Seven patients underwent chemotherapy treatment alone, and five had chemotherapy with radiotherapy. The median follow-up of our patients was 53 months, ranging from 1 to 177 months. Overall survival was 71% at 3 years and 51% at 5 years.

IGCS20_1026

64 CAN CHEMOTHERAPY CHANGE TUMOR BRCA STATUS AND AFFECT SUSCEPTIBILITY TO TREATMENT?

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10.1136/ijgc-2020-IGCS.61

Introduction Ovarian cancer (OC) development in BRCA-heterozygotes is due to somatic inactivation of the remaining BRCA-allele. For patients with a long history of systemic treatment, secondary tumor mutations are described in the literature, leading to a possible change in the response to the therapy. The objective of our study was to assess whether short-time chemotherapy can cause BRCA-molecular changes in the tumor.

Material Retrospective single-institutional study on HGSOc patients who had at least double tumor BRCA assessment during chemotherapy.

Results A total of 19 paired-tumor-BRCA (t-BRCA) were identified between January-2017 and December-2018 among HGSOc patients treated at primary diagnosis or recurrence.

Primary tumor BRCA assessment showed somatic wild-type variant (s-WT) in 14/19 (73.7%), pathogenic-variant (PVs) in 4/19 (21.0%) and variant of uncertain-significance (s-VUS) in 1/19 (5.3%). Twelve patients (63.2%) received second tumor BRCA assessment at time of interval-debulking-surgery (IDS) (Group A) and 7 patients (36.8%) at time of secondary cytoreductive surgery (Group B). Treatment consisted of standard carboplatin and taxol. Six (31.6%) cases received additional Bevacizumab or PARP-i. The median number of cycles was 3 (range: 3–4) for Group A and 6 (5–7) for Group B.

No reversal of tumor BRCA status was observed between two consecutive samplings.

Conclusion In a small cohort of HGSOc patients there is no plasticity of somatic BRCA-status after few cycles of standard chemotherapy. These results need to be confirmed in a larger sample-size and compared with those obtained after long biological treatments.

IGCS20_1028

66 BONE HEALTH IN GYNAECOLOGICAL ONCOLOGY: A SURVEY OF TERTIARY CARE CLINICIANS' ATTITUDES AND PRACTICES IN THE PREVENTION AND MANAGEMENT OF CANCER TREATMENT-INDUCED BONE LOSS

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10.1136/ijgc-2020-IGCS.62

Introduction Women with gynaecological cancers are at increased risk of cancer treatment-induced bone loss (CTIBL). Care gaps in CTIBL have been demonstrated in other oncologic settings. This study explores the attitudes and practices of tertiary care clinicians in the prevention and management of CTIBL in the gynaecologic oncology setting.

Methods Online survey of the membership of relevant professional medical body.

Results Tertiary care clinicians appreciate the importance of attention to bone health in women with gynaecological cancers. Clinical practice and opinions on which healthcare professional should provide this care vary significantly, with over one third of respondents of the opinion that it does not fall within the remit of their care. Rates of referral for quantitative bone density assessment, optimisation of calcium and vitamin D levels, and familiarity with standard risk fracture scoring systems were low.

Conclusion/Implications This is the first study to examine the attitudes and practices of tertiary carers of women with gynaecological cancers in relation to CTIBL. Opinions on responsibility for attention to bone health vary widely. Perception of bone health as low priority has been demonstrated among general practitioners so provision of bone health care in the community should not be assumed. Robust guidance on the prevention and treatment of osteoporosis in gynaecologic oncology and impeccable communication with other healthcare providers is paramount. Many women are living years with and beyond gynaecological cancer and so our focus must shift from survivorship alone to quality of health and all aspects of well woman care.

IGCS20_1029

67 PROBLEM SOLVING USING THE A3 METHODOLOGY FOR COLPOSCOPY

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10.1136/ijgc-2020-IGCS.63

Aim Cervical cancer screening services are offered to women in two ways-at the centre and in the community. For women