

### EPV229/#611 'GERIATRIC PATIENTS WITH GYNECOLOGICAL CANCER; TREATMENT OPTIONS'

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**Objectives** Geriatric population, namely people aged 80 or older, is going to see the greatest growth over the next years. The standard treatment cannot be implemented for all the geriatric women with gynecological cancer and it depends on multiple factors such as physiological organ function as well as comorbidities. The aim of this study is to examine the status of treatment strategies among our cohort of geriatric patients.

**Methods** A retrospective analysis of geriatric patients with gynecologic cancer who were treated in our department (Department of Gynecologic Oncology, Metaxa Cancer Hospital, Greece) between January 2008 and January 2020 was conducted.

**Results** 165 geriatric patients were included in our study with the vast majority being between 80 and 90 years old. The highest number of patients consisted of individuals with vulvar cancer- 53 cases (32.1%). The corpus uteri cancer (endometrial and uterine sarcomas) group follows right after the vulvar cancer group with 52 cases (31.5%). Ovarian cancer was diagnosed in 31 patients (18.8%) and cervical cancer in 29 patients (17.6%). Different treatment modalities, depending on the ECOG performance status scale and the FIFE (Frailty Index For Elders) score as well as the tumor stage (FIGO Classification) and the tumor grade of differentiation, are being presented.

**Conclusions** A more individualized treatment strategy according to a comprehensive geriatric assessment is suggested for geriatric patients with gynecological cancer.

### EPV230/#122 SEXUAL ORIENTATION AND GENDER IDENTITY REPORTING IN ONCOLOGY PATIENTS

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**Objectives** Sexual and gender minority (SGM) patients faces unique health care disparities in cancer care. This study is aimed to evaluate the rate of sexual orientation and gender identity (SOGI) data collection at a cancer center.

**Methods** Between 9/2019–8/2020, patients with newly diagnosed leukemia, melanoma, lung, breast, gastrointestinal, gynecologic, prostate, or testicular cancers were identified. Data were collected via retrospective chart review: legal sex, age, sexual orientation, gender identity, and cancer diagnosis. Appropriate statistical analyses were applied.

**Results** 387 new patient visits were identified. The median age was 65 years (range 0–98), evenly broken down by cancer type. For this patient cohort, 12% and 16% had SO and GI data reported, respectively. There was no significant difference between cancer type when reporting SOGI, however SOGI was reported for 20% of breast cancer patients, while for patients with gastrointestinal cancer, SO was reported for 6% of patients and GI for 10% ( $p=0.94$ ). There was no significant difference in reporting SOGI based on legal sex (SO: Female 12.5%, Male 11%;  $p=0.75$ ; GI: Female 16.5%, GI

14.1%,  $p=0.52$ ) or age (SO:  $<45$  12%,  $>$  or  $= 46$  12%,  $p=1.00$ ; GI  $<45$  14%,  $>$  or  $= 46$  16%,  $p=0.65$ ).

**Conclusions** This study demonstrated that at one major cancer center, collection of SOGI data for newly diagnosed cancer patients is done at an alarmingly low rate. We found no difference in rates of SOGI collection based on cancer type, age, or legal sex. This study demonstrates the importance of encouraging SOGI collection for all patients and across all providers.

### EPV231/#271 QUALITY OF LIFE AFTER TREATMENT FOR GRANULOSA CELL TUMOR

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**Objectives** Ovarian granulosa cell tumor is a rare malignancy accounting for  $<5\%$  of ovarian cancers and are most commonly found in young adults. Due to its rarity, many institutions have a low number of patients to query or survey. By using social media, many specific populations can easily be accessed and surveyed.

**Methods** Women 18 and older who are members of the Granulosa Cell Tumour Research Foundation Facebook group were given the opportunity to take the Granulosa Cell Quality of Life Assessment Survey. The survey was completely anonymous, and participants had the opportunity to respond to questions regarding their disease and their quality of life after treatment using the FACT-O (version4).

**Results** A total of 160 woman 18 or older participated in the survey. Only 28 participants desired pregnancy at time of diagnosis and of those participants only 7 sought a reproduction endocrinologist regarding future fertility prior to surgery or chemotherapy. Regarding the quality of life assessment 46% of participants report that after treatment they were not satisfied with their sex life and 33% not being interested in sex at all.

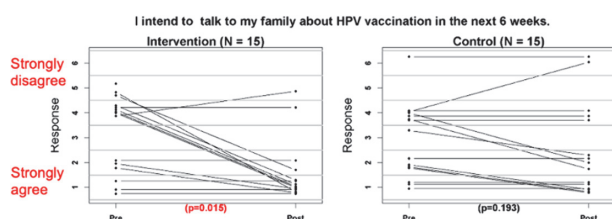
**Conclusions** Using social media provides a window to reach many populations throughout the world with unique diagnoses. Using this technique of surveying patient's provided important subjective data that can be used to improve patient's quality of life after treatment. The survey identified the needs of Granulosa Cell Tumor patients as fertility counseling prior to treatment and attention to their sexual health after treatment.

### EPV232/#585 RELATIONAL AGENTS IN CERVICAL CANCER EDUCATION: A PILOT STUDY TO DETERMINE ACCEPTABILITY AND IMPACT OF INTERACTIVE EDUCATION ON VACCINE ADVOCACY

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**Objectives** Despite current efforts, human papilloma virus (HPV) vaccination rates remain low. We propose the use of a Relational Agent (RA, image 1), as a novel interactive tool, to encourage patients to act as advocates for HPV vaccination.



Abstract EPV232/#585 Figure 1



Abstract EPV232/#585 Image 1 Screenshot of RA

This pilot study assesses the acceptability of RA-based intervention and its impact on survivor intention to discuss vaccination.

**Methods** Thirty patients with cervical cancer or dysplasia were recruited between 11/2020 and 2/2021 at Karmanos Cancer Institute. The control group (n=15) received an educational brochure and the intervention group (n=15) engaged in a virtual discussion with the RA. Participants completed surveys assessing attitudes toward the RA, intention to discuss HPV vaccination with family, HPV knowledge, and attitudes toward HPV vaccination before and after reviewing the RA.

**Results** When measured by responses of satisfied or very satisfied; 86% thought the RA was easy to talk to and liked talking with the RA, while 80% found it trustworthy. Participants receiving the RA intervention demonstrated stronger intention to discuss HPV vaccination with family compared to control (figure 1).

**Conclusions** These results demonstrate that simulated healthcare providers such as RA's are an acceptable educational tool that could be adapted for diverse populations in both high and low resource settings. Additionally, the RA may increase intention to discuss HPV vaccination, indicating potential to increase advocacy for HPV vaccination by cervical cancer survivors globally.

EPV233/#102

#### COMPARISON OF LOCALIZED AND INTRAVENOUS ANALGESIA TREATMENT IN WOMEN UNDERGOING L.I.E.T.Z UNDER GENERAL ANESTHESIA

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**Objectives** Conization is currently performed under general anesthesia with IV analgesia or without anesthesia, with local analgesia injected to the cervix. Woelber & co compared the incidence and intensity of pain after conization under general/local anesthesia and found no significant differences. No study has compared the effect of analgesia administered via IV or local route. This study aims to determine pain & bleeding rate when undergoing conization, depending on route of analgesia.

**Methods** A prospective blind-control study comparing 30 women undergoing cervical conization under general anesthesia in our hospital between 2019–2020. 15 women (A) were administered intravenous analgesia, and 15 women (B) were administered local analgesia injection to cervix. Chi-Square test was used to find the group differences.

**Results** From 30 patients recruited, 14 left in group A and 15 in group B. No demographic differences were found. Extra analgesia in the 24 hours post-Op was found in 14.3% (A) and 28.6% (B) (p-value <0.05). Most reported no pain in the first hour after conization, with the peak of pain appearing 4–8 (A) and 8–12 (B) hours after conization. Amount of intra-op bleeding was <100 ml in 21.4% (A) and 80% (B) (p-value=0.003). Post-conization bleeding was <100ml in 42.9% (A) and 71.4% (B) with no statistical significance. One patient from group B needed hemostasis intervention 3 weeks after conization.

**Conclusions** Conization of the cervix under local analgesia is as effective in pain prevention as general analgesia and reduces the amount of bleeding during and possibly after the operation. More research is needed to conclude the preferred route of analgesia.

EPV234/#208

#### OUTCOME AFTER LOOP ELECTROSURGICAL EXCISION PROCEDURE FOR CERVICAL HIGH-GRADE SQUAMOUS INTRAEPITHELIAL LESION

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**Objectives** The dilemma in treating cervical high-grade squamous intraepithelial lesion (HSIL) is how to achieve complete excision of HSIL to minimize the risk of cervical cancer while sparing the anatomy of the cervix and its ability to function during pregnancy. The optimal management for positive margins after excisional treatment is still controversial. This study was conducted to determine the clinical and histologic predictors of residual/recurrent cervical HSIL and assess the outcome of women with positive margin for HSIL.

**Methods** This was a retrospective cohort study included 386 women who had excisional treatment for HSIL during 1st January 2012 to 31st December 2015 in Queen Mary Hospital (QMH).

**Results** 212 (54.9%) had negative margins and 155 (40.2%) had positive margins. The rate of residual/recurrent HSIL was 14.6% in positive margins and 3.7% in negative margins. Significantly more women with positive margins had residual/recurrent HSIL compared to negative margins (74.1% vs 25.9%, p=0.001). This was significantly associated with age ≥40 years, positive margins and endocervical glandular involvement. Positive margins had significantly associated with higher rate of subsequent abnormal cervical smear (48.2% vs 28.9%, p<0.001), requiring further colposcopy (32.1% vs