

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

K Glennon*, S Cleary, G Von Banau. *Tallaght University Hospital, Cervical Check Colposcopy Department, Dublin, Ireland*

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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

¹M Godfrey*, ¹CC Yeoh, ¹S Rahimi, ²Akaev, ¹A Khanapure, ¹F Gardner. ¹Queen Alexander Hospital- Portsmouth NHS Trust, Oncology Department, Portsmouth, UK; ²University of Portsmouth, Molecular Pathology, Portsmouth, UK

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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

S Hanna*, C Lapuz, A Lim. *Olivia Newton-John Cancer Wellness and Research Centre-Austin Health, Radiation Oncology, Melbourne Victoria, Australia*

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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.

Results The program was implemented in April 2018 with 2 RTs completing the program and passing the exit examination on first attempt. On post-program survey, the RTs felt the program was comprehensive, helping to build their confidence and proficiency in GynBT.

Conclusions A GynBT RT credentialing program was successfully developed and implemented to improve the quality of training at ONJCWRC. This program is mandatory for RTs joining the GynBT team. This program can provide a framework for implementation of GynBT training in other centres.

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PRESERVATION OF FERTILITY WITH TRACHELECTOMY WITH PRESERVATION OF UTERINE ARTERY

G Hurtado Estrada*. *Faculty of Medicine- 21st Century University Campus- National Autonomous University of Mexico, Oncology, Mexico, Mexico*

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Objectives To present our experience of 13 cases of abdominal trachelectomy with preservation of the uterine artery and pelvic lymphadenectomy and its obstetric results.

Material and methods From January 2012 to June 2016, eight FIGO IB1 clinical stage women underwent treatment with radical trachelectomy plus pelvic lymphadenectomy.

Results There were no positive nodes and the margins were always negative. The follow-up of them has shown us nine pregnancies with preterm products in four and two at term. The hospitalization was 4 days (average 3–6 days). The estimated average blood loss of 220 mL (range 50–600 mL). The complication presented was a bruise.

Conclusions The results have shown the gynecologists-oncologists towards the preservation of fertility in this group of patients with preservation of the uterine artery. This arises because of the coexistence of these neoplasms with the increasingly delayed onset of maternity, this forces us to know the anatomy in order to provide better treatment options.

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MODIFIED RADICAL HYSTERECTOMY FOR CERVICAL CANCER IB1

G Hurtado Estrada*. *Faculty of Medicine- 21st Century University Campus- National Autonomous University of Mexico, Oncology, Mexico, Mexico*

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Objectives Background: The aim of this study is to show the equal results that class II radical hysterectomy with pelvic lymphadenectomy, in Ib1 cervical cancer. We present an institutional experience with this procedure employing Ligasure® in some cases.

Material and methods 116 patients with cervical cancer FIGO stage Ib1 less than 2 cm in diameter, were subjected to modified radical hysterectomies in an Oncology Service at the Hospital General de México UNAM. Variables

included age, size of tumor, surgical margins, number of lymph nodes removed, mean postoperative length of stay, morbidity and mortality; and follow up without evidence of recurrence.

Results Mean age was 44 years old (range 22 to 74 years old); 82 were squamous cell carcinomas; 34 had not clinical disease; in 18 diameter of tumor was less than 1 cm, and in 38 it was from 1 to 2 cm. The average operation time was 130 minutes; the mean blood loss during surgical procedures was 360 cc. In 59 patients Ligasure® was employed. Permanence of bladder catheter and time to hospital discharge were three days in average. The mean of lymph nodes removed was 14 (range 6 to 31). Thirteen cases, had morbidity related with surgical procedures: two intraoperative ureter injuries; four infections wound; two reoperation because of bleeding; and eight bladder dysfunction.

Conclusions Modified radical hysterectomy is an adequate alternative for Ib1 cervical cancer less than 2 cm in diameter. Ligasure® is a useful tool, in order to diminish surgical time and intraoperative bleeding.

IGCS19-0717

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CLINICAL-PATHOLOGICAL FEATURES AND SURVIVAL IN YOUNG WOMEN WITH CERVICAL CANCER: A RETROSPECTIVE ANALYSIS

G Hurtado Estrada*. *Faculty of Medicine- 21st Century University Campus- National Autonomous University of Mexico, Oncology, Mexico, Mexico*

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Objectives To determine the clinical and histological characteristics and prognostic factors of cervical cancer in young Mexican patients.

Methods Retrospective analysis of patients younger than 55 years old diagnosed with cervical cancer between 2008 and 2012 in the Oncology Service at the Hospital General de México.

Results 450 patients had epithelial neoplasms. The main histological types were: squamous cell carcinoma (84.9%), adenocarcinoma (11.0%) and adenosquamous carcinoma (2.4%). The average tumor size was 4.98 cm. Anemia (55.7%), elevated creatinine (21.2%) and hydronephrosis (13.8%) were also identified. 82.3% of the patients presented locally advanced disease. Stages IIB (47.4%) and IIIB (25.8%) were the most common. Overall 5-year survival was 59.5% (I, 90.9%; II, 57.5%; III, 42.7% and IV, 13.3%). Elevated creatinine, anemia, tumor size, parametrial involvement and hydronephrosis were factors that affected survival. No significant relation was found between histological type and survival. The presence of anemia (adjusted hazard ratio [aHR]: 2.5; 95% confidence interval [CI 95%]: 1.6–4.0) and hydronephrosis (aHR: 1.6; CI 95%: 1.0–4.0) were independently associated with survival; likewise, the parametrial commitment with (aHR: 3.3; CI 95%: 1.5–7.2) or without (aHR: 2.6; CI 95%: 1.3–5.3) extension to the pelvic bone.

Conclusions Cervical cancer in young Mexicans is diagnosed in advanced stages. Overall survival in each stage is similar to the reported in older patients. The importance of conventional prognosis-related factors was confirmed.