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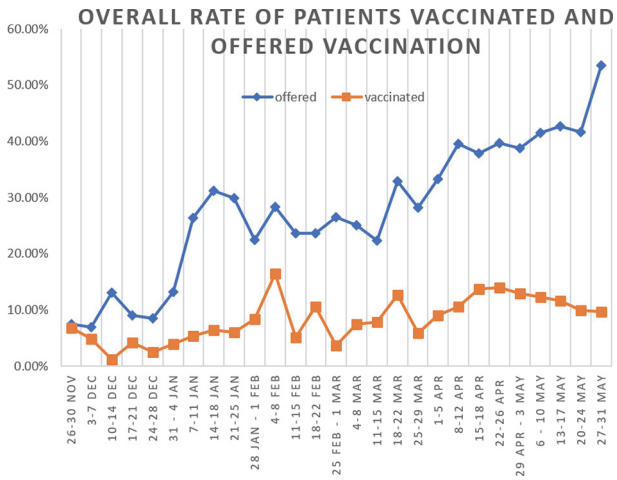
Persistent high-risk human papillomavirus (HPV) infections causes cervical precancer. HPV vaccination decreases the risk of cervical pre-cancer by up to 99%. The rate of vaccine uptake remains low. In KK Women's and Children's Hospital (KKH) C Clinic, the rate of eligible patients vaccinated is 5.3%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

health policies and attitudes of the population, we may one day eradicate cervical cancer.

IGCS20_1485

446 SYNCHRONOUS TUMORS OF ENDOMETRIUM AND UNILATERAL FALLOPIAN TUBE: A RARE CASE REPORT

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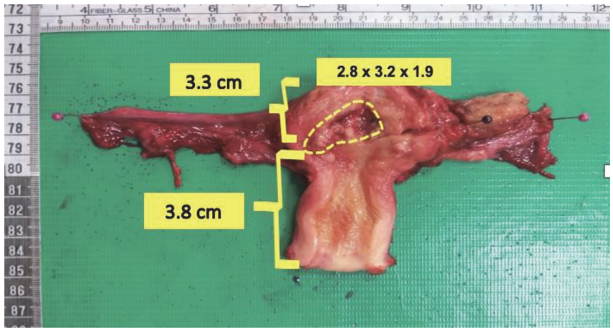
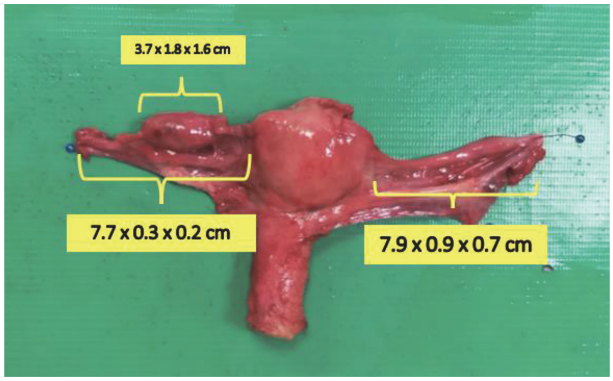
Synchronous multiple tumors of female genital tract are relatively rare comprising only 1–6% of genital neoplasms. This is a case report of a 62 year old woman with a double primary carcinoma of the endometrium and fallopian tube and is the first reported case in our institution. Fallopian tube is an uncommon tumor accounting for 0.14–1.8% of female genital malignancies. Endometrial cancer is one of the most common gynecologic malignancies. In the Philippines, endometrial cancer ranks 11th in the most common cancer with 4,048 newly diagnosed cases in 2018 alone. To be able to distinguished it from a metastatic one, criteria should be fulfilled. It includes conditions such that every tumor must be malignant. The pathological type of each tumor must be different and metastases from the primary tumor must be excluded. In our case, the patient's malignancy occurred in the uterus and left fallopian tube. The pathological types are significantly different from each other and all tumors were diagnosed at the same time, consistent with the diagnostic criteria for multiple primary malignant tumors. Herein, we present a case of a woman with a concurrent simultaneous endometrial and fallopian tubal carcinoma with different histopathological characteristics. Final pathology result was reported as synchronous stage IB, well differentiated, endometrioid adenocarcinoma of the uterus, stage IA clear cell carcinoma, left fallopian tube. At present, the diagnosis of double primary malignancies mainly depends on clinical findings and histopathology. Criteria's were also set to define between and synchronous and metastatic tumor.



Abstract 446 Figure 1



Abstract 446 Figure 2

IGCS20_1487

447 STAGE ONE ENDOMETRIAL CANCER. CONCEPT EXTENSIONS OF RISK GROUP

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Background According to the data of the role of adjuvant radiation therapy (RT) in EC stage I, EC IaG3 can be separated as a high intermediate subgroup. We evaluated long-term results of treatment of intermediate and high risk of EC.

Methods In a retrospective study included 1143 patients. 918 women - intermediate risk and 225 patients with high-risk of EC who received treatment N.N. Alexandrov National Cancer Center of Belarus. We use data from the Belarusian Cancer Registry.

Result Overall (OS), cancer-specific (CSS) and disease-free (DFS) 5-year survival rate in the EC IB G1-2 stage was 83.7 ±1.6%, 91.2±1.2%,88.4±1.4%, in EC of stage IA G3 stage ¬ 76.2±2.2%, 82.4±2.0%, 79.3±2.2%, in EC IB G3 stage ¬ 70,8±3.8%, 81.1±3.3%, 81.1±3.3%, non-endometrioid EC stage I ¬ 58.6±5.7%, 69.3±5.6%, 68.2±5,6%. We've got statistic significant differences between the subgroups of intermediate risk IB G1-2 and IaG3 stage of EC (pos=0.022, pcss=0.00009, pdfs=0.0002) and statistic significant differences in OS rate between IaG3 stage of EC and high-risk stage I of EC (pos= 0.039) which may support for highlight EC stage IaG3 for separate subgroup. However, we've not gotten any significant differences between EC stage IaG3 and EC stage IbG3 (pos=0.212, pcss=0.439, pdfs=0.899).

Conclusion EC stage IaG3 can be highlighted as an individual high intermediate subgroup on the grounds of study of the long-term results of treatment. However, the treatment of intermediate and high intermediate risk of EC isn't different, but the high-risk of EC has a difference because of using adjuvant chemotherapy in the treatment scheme.

IGCS20_1488

448 STRUMA OVARII: A RARE OVARIAN MALIGNANCY MASQUERADING AS A DERMOID CYST. A CASE REPORT

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