

cancer clinic of Innovating Health International in Port-au-Prince, Haiti from Jan-2016 to Dec-2018 were included. Data collection included variables such as year of diagnosis, age, cancer type and staging. Primary outcome was overall survival (OS). Secondary outcomes were overall mortality and loss of follow-up rates. Data were analyzed using SPSS 21, with $p < 0.05$ being considered statistically significant.

Results Three hundred and forty (340) cases of gynecological cancers were diagnosed during the study period, respectively 46 in 2016, 94 in 2017 and 200 in 2018 ($p < 0.001$). The mean age was 54.3 years [range 19–90], ranging from 58.8 years in 2016 to 54.2 years in 2018 ($p = 0.013$). Cervical cancer was the most common type ($n = 238, 70\%$), followed by endometrial cancer ($n = 45, 13.2\%$), ovarian cancer ($n = 43, 12.6\%$), vulvar cancer ($n = 3, 0.9\%$), vaginal cancer ($n = 2, 0.6\%$) and gestational trophoblastic cancer ($n = 2, 0.6\%$). Seven (2.1%) cases were cancers of unknown primary identified as gynecological cancers. Of the staged patients ($n = 285$), 66% were at stages III or IV of their cancer. The overall mortality rate was 34.7%, with a median overall survival of 3.9 months. Twenty-six (7.6%) of the patients lost follow-up.

Conclusions Gynecological cancers were mostly diagnosed at an advanced stage, which mainly explains the low OS. Vaccination and large-scale screening are mandatory to decrease the burden of cervical cancer in Haiti.

IGCS19-0494

240 FIRST YEAR EXPERIENCE OF HEREDITARY TESTING IN GYNECOLOGICAL CANCER PATIENTS IN A CLINICAL SETTING IN THE BAHAMAS

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10.1136/ijgc-2019-IGCS.240

Objectives In a previous cohort of predominantly breast cancer patients, ~25% of cases had 7 recurrent mutations in BRCA1 and BRCA2. The rate of hereditary ovarian cancer in the Bahamas was sought using an Oncology-led point of genetic testing at the Princes Margaret Hospital (PMH) in the Bahamas.

Methods Women were counseled and consented for genetic testing in the Gynecology Oncology clinic at our facility. Saliva samples underwent next generation sequencing (NGS) in a CLIA approved external laboratory. A 30 gene panel linked to breast, ovarian and/or uterine cancer risks was used to identify: BRCA1, BRCA2, Lynch genes, MLH1, MSH2, MSH6, PMS2, EPCAM, MUTYH, APC, STK11, PALB2, MTF, BAP1, CDKN2A, TP53, BMPR1A, SMAD4, POLD1, POLE1, CHEK2, PTEN, CDH1, BRIP1, CDK4, GREM1, RAD51C, RAD51D, PMS2, NBN and BARD1. Reports included presence or absence of deleterious mutations and variants of unknown significance (VUS).

Results Between 03/2018–03/2019, 28 women were tested, 17 women had ovarian cancer, 7 endometrial cancer, 2 breast cancer, and 2 women with a strong family history of ovarian cancer. The mean age at testing was 60 years. 21.4% had a deleterious mutation in BRCA: 5 in BRCA1 and 1 in BRCA2.

Of the patients with BRCA mutation 5/6 women were diagnosed with ovarian cancer (29.5%) and 1/6 had ductal carcinoma of the breast.

Conclusions Genetic testing at point of care in the Bahamas is feasible and acceptable. Results highlight need for universal hereditary screening for women in the Bahamas with ovarian cancer as this can allow for better treatment options.

IGCS19-0729

241 CARE FOR CERVICAL CANCER PATIENTS IN UGANDA IS SCARCE; EVALUATION OF CLINICAL PRESENTATION AND MANAGEMENT IN KAMPALA

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10.1136/ijgc-2019-IGCS.241

Objectives The treatment of cervical cancer patients in Uganda is complicated by late diagnosis due to the unavailability of timely screening and the availability of only one tertiary hospital, the Uganda Cancer Institute (UCI) in Kampala. This research evaluated the presentation and clinical management of cervical cancer patients at UCI.

Methods We retrospectively analyzed patient files of all cervical cancer patients presenting to UCI between January 2017 and March 2018. The clinical management of patients with early (FIGO 1A-2A) and advanced (FIGO 2B-4B) stage disease were evaluated using national and international treatment guidelines.

Results Files of 583 patients were included, representing 9.1% of the annual estimated incidence (6413) of cervical cancer in Uganda. The majority (86.2%) of patients presented with advanced stage disease and 27.3% were known HIV-positive. More than half of patients (55.9%) were lost to follow-up before or during treatment. The national treatment targets for surgery and palliative care were achieved, but the target for chemo-radiation was not met. When radiotherapy was available, 50.0% of patients with early stage and 64.4% with advanced stage were treated in accordance with international guidelines.

Conclusions Adequate treatment is available to only a minority of cervical cancer patients in Uganda. Furthermore, less than half of the patients presenting at UCI complete treatment and not all patients are treated according to national and international guidelines. In order to decrease the burden of cervical cancer in Uganda, investment in chemotherapy, radiotherapy and surgical capacity is critically needed, as well as accessible prevention programs and efficient referral pathways.

IGCS19-0075

242 INTRODUCING HERBAL MEDICINE INTO CONVENTIONAL HEALTH CARE

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10.1136/ijgc-2019-IGCS.242

Objectives Ayurvedic treatment is although highly effective; proper mode of action, pharmacology, pharmacokinetics, and

pharmacovigilance of many important Ayurvedic drugs are still not fully explored. Moreover, the comprehensive knowledge of the basic ideologies of Ayurveda is poorly acceptable scientifically due to lack of evidence. In the modern time, when the Western medicinal system is reached almost at the top because of validated research and advanced techniques.

Methods

- There is a lack of cooperation and willingness of Biomedical Scientists who are often unduly skeptical and carry prejudice
- More than a thousand Ayurvedic postgraduates pass out each year and enter into the streamline of academics and practice. Among them, only a few choose their profession as researcher in Ayurveda
- Neither has the Ayurvedic teaching changed in the last 50 years nor have the textbooks enriched with new research methodologies.

Results Basic differences between Ayurveda and modern science should be taken into account when designing the research protocols. The main concern must be given to the classical approach of Ayurveda *Prakriti, Agni, Dhatu, Srotas, Rasayana, Shatkriyakala, Agnibala, Ojabala, Manobala*, etc.

Conclusions The drug should be the last rather than first mean of treatment, beginning with the natural healing method like Ayurveda. One of the Ayurvedic treatment modalities such as *Panchkarma* can remove disease before its manifestation. Having all the above beauties, Ayurveda is still lagging behind because of the lack of scientific evidence in many cases and poor research methodology.

IGCS19-0463

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GYNECOLOGIC AND BREAST ONCOLOGY GENETIC COUNSELING PROGRAM AT A PRIVATE HOSPITAL IN ARGENTINA: OUR EXPERIENCE

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10.1136/ijgc-2019-IGCS.243

Objectives To describe the characteristics of all patients who were referred to the Breast and Gynecologic Hereditary Cancer Program.

Methods This is a retrospective, descriptive observational study. We obtained information from the electronic clinical records of all patients who were counseled within the program between January 2014 and May 2018. Here we describe their demographic characteristics, types of cancer and availability of genetic testing.

Results A total of 412 patients were referred for evaluation of breast and gynecologic cancer risk. The reason for referral was: a personal history of cancer (with or without family history) in 249 patients (60.4%), family history in 124 patients (30.1%), presence of a known mutation within the family in 27 patients (6.6%), and personal interest in 12 patients (2.9%). Among all patients, 51 (12.3%) were of Ashkenazi descent, and 88.3% met at least one criteria for genetic testing according to NCCN guidelines. Genetic testing was offered to 227 patients (55%). Complete sequencing of both BRCA 1 and 2 was recommended in 176 patients, while 37 patients underwent Ashkenazi panel testing, in 16 patients specific known family mutations were evaluated and 1 patient

underwent a multigene panel. Mutations in BRCA 1 have been identified in 18.6% of patients, and in BRCA2 13.9%.

Conclusions Referral for genetic counseling and molecular testing has increased steadily, probably due to greater knowledge as well as improved accessibility and insurance coverage. It is crucial to continue creating awareness about the importance of diagnosis of cancer predisposition syndromes.

IGCS19-0115

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IMPLEMENTING IGCS GYNECOLOGIC ONCOLOGY GLOBAL CURRICULUM AND TRAINING PROGRAM IN NEPAL

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10.1136/ijgc-2019-IGCS.244

Objectives To present about the IGCS Gynecologic Oncology Global Curriculum & Training Program in Nepal.

Methods Descriptive.

Results In Nepal about 60,000 to 70,000 patients suffer from cancer annually. Among Nepalese women cervical cancer still is the commonest malignancy. In gynecological cancers cervical, ovarian, uterine, gestational neoplasia and vulvo-vaginal cancers are commonly seen. To cater the required services to these needy cancer patients there are only three comprehensive cancer hospitals and few trained oncologists. Situation is similar in gynecologic oncology as well. To address the urgent need of gynecologic cancer patients, training program in gynecologic oncology was thought to be essential by Michael Quinn, the president of IGCS. Thus, with lots of positive thoughts and preparations Global Curriculum & Mentorship Program was initiated in Nepal since January 2019 with primary training site being Civil Service Hospital of Nepal tied up with TATA Medical Center, Kolkata, India. IGCS Nepal-Site Global Curriculum & Mentorship Program follows the same two to three years training program as other eleven centers around the globe. The program has been a good beginning evident by regular MDT discussions, tumour board discussions, and monthly ECHO sessions.

Conclusions IGCS Nepal-Site Global Curriculum & Mentorship Program is at its very initial phase, we have a long way to go; similar to being at Base Camp, and having a mountain to Climb!!!

IGCS19-0432

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COMPARING CLINICAL AND REAL-WORLD OUTCOMES FOR PATIENTS WITH ENDOMETRIAL CANCER (EC) WHO HAVE RECEIVED PRIOR PLATINUM-BASED THERAPY

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10.1136/ijgc-2019-IGCS.245

Objectives Platinum and taxane-based therapy is considered standard for patients with newly diagnosed advanced/recurrent