

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, Dhātu, 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.

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

F Noll*, MC Riggi, L Bolaño, J Saadi, D Odetto, M Perrota. *Hospital Italiano de Buenos Aires, Gynecologic Oncology Department, Buenos Aires, Argentina*

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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.

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IMPLEMENTING IGCS GYNECOLOGIC ONCOLOGY GLOBAL CURRICULUM AND TRAINING PROGRAM IN NEPAL

¹J Pariyar*, ²A Mukhopadhyay. ¹*Civil Service Hospital, Gynecology, Kathmandu, Nepal;* ²*TATA Medical Center, Gynecologic Oncology, Kolkata, India*

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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!!!

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

¹B Pothuri*, ²K Travers, ³J Perhanidis, ²CJ Gibson, ⁴J Brown. ¹*New York University Langone Medical Center- NYU School of Medicine, Obstetrics and Gynecology, New York, USA;* ²*TESARO- Inc., Health Economics and Outcomes Research, Waltham, USA;* ³*TESARO- Inc., Health Economics and Outcomes Research Statistics, Waltham, USA;* ⁴*Levine Cancer Institute- AtriumHealth, Gynecologic Oncology, Charlotte, USA*

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